



# Understanding the Children's Social Care Workforce

Full report  
July 2010



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This study was carried out by the University of Salford and Action for Children on behalf of the Children's Workforce Development Council (CWDC) between September 2009 and March 2010. The purpose of the study was to find out:

- What core skills and knowledge should be required of the children's social care workforce;
- How graduates are currently being deployed;
- What graduates might be able to do in children's social care in the future.

This was a time-limited study, and it should be read, therefore, bearing in mind that the evidence base can not be generalised to the wider population. The report is not intended to be a longitudinal research report, but provides a snapshot of the views and opinions of the groups consulted as part of this study.

The evidence base was generated from the following approaches.

1. Mapping the current state of the children's social care workforce
2. Eliciting key stakeholder views on modelling of future work
3. Four regional consultation events
4. An online questionnaire.

**The research team acknowledges the support and assistance of CWDC through the work of Ann Harrison, Mat Watt, George Christian and Kelly Sames.**

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## Foreword

This research report was completed for CWDC in March 2010, and builds on the 2009 report findings from the "Creating world class children's social care workforce" consultations.

We were asked by central government<sup>1</sup> to help them to better understand the core roles and skills required in children's social care, to set out how these could be supported and also to identify whether there is a role for graduates in the wider children's social care workforce.

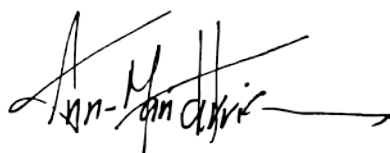
We commissioned Salford University and Action for Children to undertake the research.

The results of this research support the decision to include a mandatory social care pathway within the new level 3 Diploma for the children and young people's workforce. It also shows evidence which supports the development of social care sector specific criteria for foundation degrees.

The research findings have helped to inform the next stage of planning towards Social Care Professional Development. This will build on the CWDC Qualifications Strategy, ensuring that we can support skill development and create the right kind of standards and guiding principles for those who are working with children and families. This will enable us to take forward the Department for Education's key social care priorities, working to empower the workforce and achieve better, fairer results for children, families and communities.

Finally, I would like to take this opportunity to thank everyone who contributed to the research either through the questionnaire, the interviews or attending the workshops. Your continued dialogue with CWDC is integral to the next stage of our work in developing the social care workforce.

Thank you,  
Ann Harrison



National Manager Social care  
July 2010

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<sup>1</sup> The Department for Education was formed on the 12 May 2010. This report reflects the policy in effect at the time the research was undertaken.



## 1. INTRODUCTION

In 2008 the Department for Children, Schools and Families (DCSF)<sup>2</sup> provided evidence of the need to continue and redouble efforts to enhance the quality of preparation of the children's workforce, noting considerable improvement in some areas, particularly with regard to skills, leadership, safeguarding, and integrated working. However, the evidence was clear that this progress was variable, and challenges remained:

- *'More people are needed in some places to do the job well*
- *More needs to be done to make sure high quality training and progression routes are available to the right people*
- *Some parts of the workforce suffer from lack of status*
- *There needs to be greater clarity of purpose for some parts of the workforce*
- *Management and leadership is not always strong*
- *People are not always encouraged or enabled to work together as well as children and young people need them to*
- *More needs to be done to ensure that the needs of the most disadvantaged children and young people are met effectively by the workforce'* (pp. 24-25).

Much of this related to the children's social care workforce, and more information was needed to guide action to address these challenges. The 2020 Children and Young People's Workforce Strategy<sup>3</sup> also emphasised the need to attract and retain top graduates, and recognised the role of the Children's Workforce Development Council (CWDC), part of the UK Skills for Care and Development Sector Skills Council, in addressing recruitment difficulties in this workforce.

Accordingly, the DCSF asked CWDC to:

- *work with partners to explore and map the different roles needed within the children's social care workforce and how the people in these roles can best be supported to develop professional levels of practice;*
- *to consider the role of graduates within children's social care and whether there is a need for additional graduate roles either generic or specialist in nature'.*

DCSF and CWDC needed to understand more about the core roles and tasks in children's social care; the demographics of the children's social care workforce; and levels of qualification amongst those not qualified as social workers. In commissioning a partnership between Action for Children and the University of Salford, CWDC set the following objectives:

- CWDC is able to say confidently what the key roles are in children's social care
- CWDC is in a position to advise DCSF on whether there is place for graduates in social care (other than social work), and advise on where graduates may then best be deployed either as specialists or in generic roles in children's social care for the future
- CWDC is able to use the recommendations from the research to inform its advice on the most appropriate career routes and support required by all children's social care workers now, and in the future. This will also inform the test phase of the current draft of the professional standards for residential child care workers.

The study began in September 2009 and the final report was submitted to CWDC in March 2010.

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<sup>2</sup> DCSF (2008) *2020 Children and young people's workforce strategy: the evidence base*. London: DCSF.

<sup>3</sup> DCSF (2008) *2020 Children and young people's workforce strategy*. London: DCSF

## 2. BACKGROUND TO THE STUDY

Over the last two decades a new theme has emerged from the ongoing debates about the appropriate entry requirements, training, curriculum and practice placements required for qualified staff groups who work with children, particularly in nursing, social work and teaching. Awareness has grown of the significant number of staff operating in sensitive and crucial roles with children and their parents without the opportunity to train and qualify in these sectors. As Furniss (1991) outlined in his 'hierarchy of practice involvement', it is often these members of staff who hold significant knowledge of, and relationships with, children, yet they enjoy no status or 'voice' within the child care system and often receive a limited amount of training and support to undertake their role (Murphy 2004).

Within the children's social care sector, this imbalance has been particularly obvious within the residential child care sector. In the 1980s, as the demand for a fully qualified social work profession intensified, it became apparent that the group of staff who were working with the most vulnerable children in the residential child care system were often very young, untrained and receiving markedly variable supervision and leadership. In this period an increasing use of foster care led to a situation where only the more vulnerable children and young people were being placed in residential establishments.

This is an area of controversy in the British social work system, much debated in inquiry reports in the 1980s and 1990s. Most of the basic grade staff in children's homes were not professionally qualified, and many senior managers, as Utting (1991) revealed, were similarly unqualified. A government scheme to increase the number of qualified managers was introduced in 1992 and has enjoyed some success. Formerly, residential social work staff that were qualified would usually have studied for the Certificate in Social Service (CSS) award specifically designed for residential work. However, by the mid-1990s all these courses had changed into the new Diploma in Social Work (DipSW) course, designed for both field and residential social workers. Thus, once qualified, residential social workers can and do move into fieldwork to benefit from higher status, increased remuneration and more regular hours (Barr 1987).

The two reports that followed Utting's work were to question the advisability of pursuing only the social work DipSW qualification: Howe (1992) and Warner (1993) favoured more specific, work-based qualification routes. Some managers now follow the DipSW/new degree and post-qualifying route, while many staff train via the National Vocational Qualification (NVQ) route. Some residential staff benefit from their NVQ qualifications, but some contributors to the 'Care Matters' debate have questioned whether the NVQ route is sufficiently demanding and certainly leaves NVQ qualified residential workers with significantly lower status than their fieldwork colleagues (DCSF 2010). At this time inquiries into abuse in children's homes (Corby et al 2001, Gallagher 2000, Stein 2006) highlighted the vulnerability of children in care to abusive practice and the need for a workforce that could challenge abusive practices when they became apparent.

This process has been mirrored in the early years and education field with the realisation that staff in significant roles with children (including nursery, early years and teaching assistants) all have significant training and qualification needs. These needs are being addressed through different levels of training and educational input, including the Early Years Professional Status qualification route. In the period immediately following the publication of *Every Child Matters* (DfES 2004) there was an increasing acknowledgement that all staff who work with children need to develop a minimum level of knowledge and expertise in crucial areas of child care (Long et al 2006, Murphy et al 2006).

The 2020 Children and Young People's Workforce Strategy also noted that *'people who provide social care services to children, young people and their families may not consider that they belong to a single professional group. However, they have a critical role in the lives of many children, young people and families in our society, including some of the most vulnerable in some cases'*

(DCSF 2008 pp44-45). This perception of not belonging to any professional group is an important issue since it implies lack of professional status and also lack of career pathway.

The strategy also demanded as core values that everyone working with children and young people should be:

- *'Ambitious for every child and young person*
- *Excellent in their practice*
- *Committed to partnership and integrated working*
- *Respected and valued as professionals'* (p6).

Ambition on behalf of children, excellence in practice, and perception of respect from others are intimately connected. A demotivated workforce which suffers poor self-esteem and low status is unlikely to excel or to show commitment (Laming 2009), so review of these factors in the children's social care workforce was also crucial. The possibility of enhancing leadership within the workforce through additional graduate roles was proposed in order to further these expectations, though how this initiative should be designed and implemented required further evidence and consultation. In some parts of the children's workforce (for example, early years and education) the introduction of a graduate role has been included in remodelling of the workforce. In children's social care, however, this remains only an option to be investigated and appraised.

Considerable work has already been completed in designing the Diploma for the Children and Young People's Workforce (Social Care Pathway), and any undergraduate provision would need to link to this in a meaningful manner. It is important, too, that children's social care qualifications and training maintain a significant link with the generic social work qualification to enable movement within the workforce and progression. It may still be the case that staff who qualify through a social care route may choose to carry on to study the MA in social work. If this is so it will be important for the new qualification to take account of the Social Work Task Force's final report (2009) and the work of the Social Work Reform Board. Developments in other parts of the children's workforce (notably in residential care, education and early years) also require consideration if unhelpful diversity is to be avoided.

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### 3. STUDY DESIGN

The study was pursued in three phases over seven months from September 2009 to March 2010. **Phase one** of the work was based on desk research and was designed to develop a clear picture of the key roles within social care through analysis of the data reported upon in the State of the Children and Young People's Workforce report for 2008, with revision following an updated report to be made available with revised data for 2009. This was to include social care workforce data, where available, on size; settings; vacancy and turnover rates; qualifications; recruitment pattern; disability; and demographics including ethnicity, age, gender and location. This phase was designed to identify the current state of the workforce before turning in phases two and three to consider how the workforce should be structured and prepared for the future.

Preliminary inspection of the data and review of the relevant literature led the research team to identify three children's social care staff groupings which might help to provide the required loose structure for this diverse group of practitioners.<sup>4</sup> The report data was inspected to identify relevant data relating to each staff group. The sought-for data was often inseparable from data for a wider population, and some of the required data was simply missing. Particular care was taken to identify where data on social workers was confounding data for the target groups identified by the research team. Data was then reported for each staff grouping and the required elements (eg: qualification, setting, ethnicity). Rather little additional relevant data was identified in the updated report, but this was included together with the cautionary notes from the report authors.

**Phase two** involved 16 structured telephone interviews to elicit the views of senior officers representing key stakeholder organisations on the ideal (but practical) modelling of the workforce for the future. The respondents represented local authority children's social care services; major charities involving provision of accommodation and services for children, representation of children's views, advocacy for children in care, training of professionals and others working with children and young people, and fostering; disabled children; research in social care; statutory services; and governmental organisations.

Three members of the research team undertook the interviews following discussion of the interview schedule and the proposed approach to conducting the exchange. Interviews lasted from 30 to 90 minutes. The interviews addressed:

- the key tasks, breadth and level of knowledge required in a social care role supporting children in specific settings including residential care, foster care, and children's centres
- key tasks and knowledge needed to support disabled children in a range of settings from universal to specialist services
- roles considered to be key now and for the future taking into account the *2020 Children and Young People's Workforce Strategy* and social care policy and structural developments
- relationships between roles in the social care workforce and other sectors including; social work, youth work, education, health and those who work with parents and carers.

The interviews also solicited views from this sample on the most effective deployment of graduates in the workforce, to supplement activity in phase three.

A structured schedule was followed consisting of two sections (see Appendix 5). The first sought reflections upon the three children's social care staff groupings devised by the research team. Respondents were asked about the constituency of the groups, specific skills, training needs, and interaction with other parts of the workforce. Suggested changes or additions were reviewed with later participants (after they had provided their own comments): a process of iteration which led to a revised list of suggested constituents of each staff grouping.

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<sup>4</sup> Staff groups: Children living away from home; Schools and day care; Community and in the child's home  
(FULL REPORT V1.0 – JULY 2010)



The second part of the interview focused on the six functions of the Children's Workforce Network functional map<sup>5</sup> and four specific questions:

- What specific knowledge and skills do you think that staff need to do this effectively?
- What sort of training, preparation or qualifications do you think are required for this?
- Is this support currently accessible to this group of workers?
- Would you add anything with specific reference to vulnerable children such as those with mental illness or disability?

The interviews were digitally recorded and professionally transcribed. Data analysis followed a modified framework analysis process<sup>6</sup> – a useful approach when the basic structure of the findings is predetermined (in this case, the elements identified in the brief).

**Phase three** built on the mapping from phase one and the identification of role constitution and preparation in phase two to establish the current and future desired contribution to social care by graduates. This phase was undertaken with the clear understanding that this was an exploratory exercise and that no decision had been made to pursue this strategy. The work was undertaken through two means.

An **online survey** (Appendix 6) was designed and tested to gather the widest possible response on issues relating to a possible graduate role focusing on location, grade, role, qualification, and engagement with vulnerable children and young people. Four successive versions of the developing questionnaire were reviewed and modified until a final version was tested with seven academics with expertise in questionnaire design and evaluation research, and with 20 social care practitioners. The questionnaire was reviewed for meaning, consistency, ease of completion, technical integrity, and content. No major problems were identified, and a number of minor issues were discussed before making appropriate adjustments to the final version of the questionnaire).

The survey was directed at graduates; their employers; local authorities; health, education, third sector, and private sector organisations; service users and service user representation groups. Views were captured from 95 stakeholders employed at all levels within these organisations. Descriptive statistics and basic thematic analysis were applied to scored response and free text elements of the data respectively.

The same issues were pursued in four **regional group events** (Leeds, Birmingham, Bristol and London) which were widely publicised and presented as being of interest to employers, graduates, managers, practitioners, post and pre-qualifying staff, part-time workers, and volunteers. All sectors were targeted in the invitation: local authorities, health, education, third and private sector organisations. In total, 115 stakeholders participated, working through to recommendations to which they were committed. The events were structured loosely around the Open Space<sup>7</sup> method with a series of three tasks being undertaken over a full day (see Appendix 7), supported by facilitators for each table to ensure that the group kept to task and to time.

**Table 1: Organisation Type of Delegates at Events**

Event Location	Type of organisation				
	Local Authority	Charity	Further or Higher Education	Government-related office	Independent
Leeds	7	15	2	2	0
Birmingham	13	14	2	0	1
Bristol	11	2	2	0	1
London	23	12	0	2	2

<sup>5</sup> [http://www.cwdcouncil.org.uk/assets/0000/4467/Functional\\_map.pdf](http://www.cwdcouncil.org.uk/assets/0000/4467/Functional_map.pdf) [Accessed on 15 April 2010]

<sup>6</sup> Ritchie J, Spencer L (1994) *Qualitative data analysis for applied policy research*. in Bryman and Burgess (Eds.) *Analysing qualitative data* London: Routledge pp173-194.

<sup>7</sup> <http://www.openspaceworld.org/> [Accessed on 15 April 2010]

It was intended that these events would confirm or challenge the messages from the survey, but logistical issues resulted in both elements being conducted simultaneously. Each group of delegates was required to discuss the specified task and record the agreed results on flip-chart paper. Time was built in between tasks to allow for review of other groups' outcomes before moving back into discussion of the next task. This ensured that additional ideas and responses from other groups was fed back into every other group's discussions. Additional ideas which did not fit readily into the agreed feedback were collected by means of a post-it note board. These were fed into the analysis.

The completed outcomes as decided and recorded by delegates, including the post-it notes and notes made by facilitators, were transcribed and collated for each event and then by task across all four events. The nature of the events was such that most of the data was textual, so this was addressed with further thematic analysis. The corresponding responses from the survey and the events were then collated and analysed together using modified framework analysis to provide findings in the areas specified in the brief.

### **Synthesis**

A model was developed from the results of the three phases to represent the outcomes of the study. These related to the structuring and preparation of the children's social care workforce and the interaction with educational provision to support the potential introduction of a graduate role.



## 4. MESSAGES FROM THE STUDY

### 4.1 PHASE ONE: Mapping the current state of the children's social care workforce

The current data is inadequate to provide a map of the current children's social care workforce. Little is known about the make-up and key characteristics of the children's social care workforce, especially outside statutory service roles and Local Authority services. Data from voluntary and independent sectors is minimal. The 2009 updating of the State of the Children and Young People's Workforce report provided little more data of relevance to the workforce outside social work and residential services. The missing data is simply not sought or collected across England, and neither is there a mechanism for the data to be processed were it to be available.

Additional to the 95,000 clearly identified staff working in social care, there are as many as 96,000 more who *may* be involved in work with children, but this cannot be clarified at present. The most substantial source of data in this area is the National Minimum Data Set - Social Care (NMDS-SC)<sup>8</sup> but some of this data is estimated, and the survey response rate could be improved. It is acknowledged that provision of this information by agencies is on a voluntary basis. Furthermore, many aspects of data (particularly for the voluntary and private sectors) are not available.

Children's social care takes place in a variety of settings in both the statutory sector and the private and voluntary sector. Grouping children's social care workers into three setting groups of living away from home, schools and day care provision, and work settings in the community and the child's home has some value, particularly since this approach focuses upon the child's needs. Reviewing the data in these groupings highlights the imbalance in availability of statistical data. This is particularly clear in the preponderance of data relating to residential care in comparison with other areas, and statutory care to the almost complete exclusion of other sectors.

#### 4.1.1 Recruitment and Retention

There are issues of recruitment and retention within both the statutory sector and voluntary and private sectors of the children's social care workforce. These are influenced by pay issues and the nature of the work. However, those in the private and voluntary sector who leave tend to take up employment within the children's sector. It is not clear to what degree this is a continuation of the traditional career pathway from social work assistant into qualified social work. A viable alternative career pathway within social care may impact on the pattern of recruitment and retention.

#### 4.1.2 Qualifications

The percentage of the residential childcare workforce achieving the NVQ level 3 qualification has risen from 29% in 2001-2 to 56% in 2006-7, and most managers in children's homes hold qualifications, with others studying for qualifications. Graduates tend to be clustered in one field (residential care), with a much larger field of potential candidates not currently pursuing this qualification route – though stronger, more specific data is needed in this area. No information was available for inclusion at the time of writing the report on the qualifications and training of foster carers or short break carers for disabled children.

#### 4.1.3 Demographic Data

Across both the statutory sector and the private and voluntary sectors the workforce is predominantly female, and most workers are employed on a full-time basis. The number of workers from minority ethnic backgrounds is higher in the voluntary and private sector at 16% than the statutory sector (11%), but it remains a small percentage across both providers. The staff age profile from all sectors indicates that career pathway planning needs to consider carefully the provision for mature students.

<sup>8</sup> <http://www.smds-sc-online.org.uk>  
(FULL REPORT V1.0 – JULY 2010)

## 4.2 PHASE TWO: Key stakeholder views on modelling the future workforce

This section analyses the findings from the structured interviews with the 16 senior managers from different stakeholder groups.

### 4.2.1 STAFF GROUPINGS

The overall notion of grouping staff loosely according to where children came into contact with them – focusing on meaning for the child rather than for the services – gained general support, so long as the groupings remain permeable and do not form rigid barriers which will leave another set of workers divorced from any identity or source of support. Both the interviews and the staff events added more detail to the make-up of the three groups (see Appendix 8). The staff groupings were:

- ***those working with children living away from home***
- ***those working with schools and day care***
- ***those working in the community and in the child's home.***

The cluster ***children living away from home*** was meaningful to the respondents. However, several could also identify problems with 'fit' for some workers, and the list of staff missing from this group was lengthy, relating to staff in smaller or less obvious institutions or locations as well as specialist staff in some already identified locations (see Appendix 2). In terms of important roles, both current and for the future, the respondents identified workers who have the most direct contact with the child. Foster carers were highlighted in both categories. Changes in law and the difficult financial climate also brought out the importance of the role of advocates. The increasing complexity of the client group, including children with multiple physical disabilities or complex social issues such as refugees or asylum seekers, was reiterated by the respondents. A need to work more extensively with parents was also identified. In terms of political drivers, concepts such as personalised care were recognised as being potential issues for the future, and social pedagogy is clearly beginning to emerge as a possible framework for the future. For many respondents, foster carers were the underpinnings of this category. This group of workers raised many issues, including their pivotal role in the workforce and its contrast with their perceived low status and potential marginalisation.

The ***schools and day care*** cluster seemed less meaningful to the some of the respondents, and, again, there was an extensive list of potential additions, notably volunteers, learning mentors, and specialist staff for children with additional needs. Here, the roles of significance were the workers with the most direct contact with children and young people in these locations including counsellors, those in informal support roles, and family centre workers. Respondents suggested that newly-appointed workers need clarity in terms of other workers' roles and professional boundaries. It was also made clear that children, young people and their families need help to navigate through the multitude of workers with whom they come into contact. There were calls for one key person to 'orchestrate' this. The perceived divisions between education and social care began to emerge in this category, so, although there was acknowledgment that workers should co-operate extensively in this category, the schools were seen as operating in a culture of isolation and insularity which clearly would not facilitate interagency working.

The ***community and in the child's home*** cluster was seen as being reasonably meaningful, but again with potentially many other roles to be included, particularly support staff in various roles. It was recognised to be a diverse group potentially with a diverse set of skills within each role. It appeared to be the broad nature of the term 'community' that created the grouping difficulties here, and for some respondents this appeared to be a category of workers 'left over' from the other categories. Some roles were also seen as being 'specialist' (such as portage workers), and so, despite their clear role in the community, for some there was a feeling that they did not naturally fit in this category. Acknowledging this as a wide and diverse group, then, the respondents did not identify any one role as being more important than the other in this category. However the increased responsibilities for these workers was highlighted, particularly in terms of safeguarding

children. Changing social circumstances such as the difficult financial climate, the changing nature of the family unit, and a variety of social care agendas such as personalisation, 'Think Family' and social pedagogy were thought to have a potential impact on this workforce in the future.

#### **4.2.2 SENIOR MANAGERS' VIEWS ON THE KNOWLEDGE AND SKILLS IN THE SIX FUNCTIONS OF THE CWN FUNCTIONAL MAP<sup>9</sup>**

The second part of the interviews addressed the six functions of the Children's Workforce Network functional map (see Appendix 4). Participants were asked to outline the knowledge and skills required by the workforce to perform these functions, the training preparation or qualifications required, and whether such training was currently accessible to the workforce

##### ***Function A: Develop and implement responsive, outcomes-based service plans***

The responses to knowledge and skills for Function A raised three main themes. The first, identified by 3 respondents, was the ability of staff to work with the notion of a service that is 'outcomes-based' including the limitations of this and the ability to work outside it when necessary. The second aspect focused on complex communications with families and organisations, and the third aspect related to the most fundamental aspects of childhood, most notably child development.

##### ***Function B: Promote equality, participation and the rights of children and young people***

In terms of Function B, it was noted that measuring this as an organisation is a struggle and that it tends to be monitored '*via complaints and service user satisfaction surveys*' together with a recognition that improvements could be made in terms of collating and analysing this information. Eleven respondents made reference to the notion that this function was a fundamental aspect of the children's workforce, suggesting that this should be embedded in, rather than bolted on to, professional training. This function was considered to be highly important for those working with disabled children and young people.

##### ***Function C: Communicate and maintain effective relationships with groups and individuals***

Specific knowledge and skills included essential skills for professional interactions such as listening skills, building relationships, networking, an ability to understand individuals, communication and relationships, professional language, emotional intelligence, warmth and empathy. Effective communication skills were considered to be vitally important for those working with disabled children and young people with complex communication needs. For those staff, it was considered that specialist skill and knowledge were often needed in order to enable communication. It was reported by seven respondents that staff currently have little training for their ability to communicate about what really matters to children, especially around their emotional wellbeing.

##### ***Function D: Safeguard children and young people***

There were two themes running through these responses. The first was about specific skills related to safeguarding which was described by three respondents as "the basics". These included recognition of the signs, symptoms and impact of physical abuse, sexual abuse and neglect; how and when to respond; and protocol and procedure which included safe professional practice. Overlaps in responses included "knowing who to tell" or "having the confidence to share concerns". Seven of the respondents made reference to the need for a set of core standards or a common induction. The second theme gave an indication of much more complex communication skills and confidence than was identified in the other functions. This function also points to values which underpin understandings of safeguarding from the child's perspective; anti-bullying approaches; a positive attitude to disabled children; and awareness that thresholds for intervening when a disabled child is in need are too high.

<sup>9</sup> [http://www.cwdcouncil.org.uk/assets/0000/4467/Functional\\_map.pdf](http://www.cwdcouncil.org.uk/assets/0000/4467/Functional_map.pdf) [Accessed on 15 April 2010]

***Function E: Work in partnership with other agencies and individuals to ensure outcomes-focused integrated working***

The responses included improving outcomes, communication, understanding the manager's own roles and responsibilities and those of other workers, transparency, team work, and understanding of the Team Around the Child approach. These skills were considered to be especially important for those working with disabled children and young people, given the typically high number of agencies and professionals in contact with a disabled child. There was some recognition that the number of people who can be involved can be up to 20 or 30 which means that the interagency issues can be significant. One theme that emerged from these responses was the potential conflict, complexity and difficulty involved in this function.

***Function F: Promote wellbeing of children and young people to help them achieve their potential***

Promoting wellbeing to help to achieve potential was a point for debate since achievement of this element is not tested until adulthood. The complexity of this function was also apparent to the respondents, but a generic content was identified. This included an awareness of child development, forming relationship skills, the safeguarding agenda; understanding psychological impact of experiences; and understanding the effects of bereavement, change and loss. Health, education, safer caring, attachment, the basics of child development, managing behaviour and contact, and understanding the potential of disabled children were seen as being additional challenges.

**4.2.3 Senior managers' responses on training, preparation, and qualifications in the six functions**

Accessibility of training for each of the six functions was described by all of the respondents as being patchy or inconsistent across the board. This varied between each function, with function A being described by 10 respondents as being inconsistent in some way, function B being described in this way by six, function C by seven, function D by eight, function E by three, and function F by six. Three participants suggested that their organisations provided materials related to specific functions, but there was little knowledge about what was produced by other organisations. Many were aware of materials available on the Every Child Matters (ECM) website,<sup>10</sup> but these (and other on-line resources) were viewed as being generic or 'catch all' materials rather than materials tailored to a specific group of workers or indeed a specific level of worker. It was acknowledged that, for many of the functions, effective learning required approaches such as reflective practice or supervision for which adequate time was not always allocated.

**4.2.4 Vulnerable or disabled children**

Most issues for vulnerable children mirrored those for all children who come into contact with social care agencies. However, there is a need for workers to be able to recognise higher levels of need and understand the crucial nature of speed in these circumstances in terms of early recognition of the child's problems. This should all be undertaken within a child-focused set of values and approaches. Those respondents representing work with disabled children felt that training at all levels and in all areas should include practice issues relating to disabled children and young people as standard. It was thought that this would build confidence across the children's social care workforce in working with and for disabled children, and would, in turn, enable better access to universal services for them.

**4.3 PHASE THREE: Establishing the potential contribution of graduates to the children's social care workforce**

The same questions were posed in both the online questionnaire and the staff events. The delegate lists from the events and demographic data from the questionnaire responses indicate

<sup>10</sup> <http://www.dcsf.gov.uk/everychildmatters/> [Accessed on 15 April 2010]

that there was a similarly wide range of respondents in each case. The results are presented as a combination of the two modes of response.

The question of a potential graduate role in the workforce caused repeated anxiety. Individuals confused a perceived vision of an all-graduate workforce with the actual proposal to strengthen leadership in the workforce at the interface with children and families through the introduction of strategically located roles where needed. An additional assumption was often made that the decision had already been made to introduce the graduate roles. Repeated, explicit statements to the contrary seemed to effect only temporary revision of these views.

#### **4.3.1 Location of graduates and volunteers<sup>11</sup> in the workforce**

While there was considerable personal uncertainty about the location of graduates, there was a suggestion (confirmed at the events) that they were to be found in all parts of the workforce and in all three of the staff groups identified in phases one and two. A common thought was that these were concentrated in management roles – a suggestion borne out in the *State of the Children's Social Care Workforce* report. The overall consensus was that there are a great many graduates in the workforce, but their location or numbers are simply not known. This information has not been sought, though it may exist at a local level.

The notion of volunteers as being part of the workforce caused considerable difficulty for respondents, though they were thought, by those who felt able to offer an opinion, to be involved with most parts of the workforce. Most graduates were thought to have joined the workforce already holding a degree rather than to have gained the qualification during service. However, this may be a changing profile.

#### **4.3.2 Current graduate roles and associated degrees**

These proved to be exceptionally varied. Graduates operated at all levels of responsibility in children's services and included graduates with a wide variety of degree awards. Indeed, when respondents were asked what type or subject of degree would be most relevant to the children's social care workforce the response was equally varied.

#### **4.3.3 Roles and tasks undertaken by graduates**

Those respondents who perceived a difference in the roles for some graduates tended to link the graduate role with tasks requiring a higher-level of skills and knowledge as identified within the Framework for Higher Education Quality (FHEQ) attributes of a graduate<sup>12</sup>. However, these related mostly to roles and tasks removed from direct contact with service users.

#### **4.3.4 Reasons for graduates leaving the workforce**

Far more negative reasons were identified than positive motivations. Stress, lack of status, lack of career prospects, bullying and poor working conditions, and dissatisfaction with salary, management, and antisocial hours were frequently cited. It was reported in the events that a minority were thought to have moved for additional experience or due to promotion as a result of career development opportunities. Most remained somewhere in the children's workforce but might be lost to social care.

#### **4.3.5 Attributes needed by workers modelling expert practice in specialist or generic roles**

Child development, attachment theory, legal issues, safeguarding children, and communication were the areas of required knowledge reported to be most important. The skills which were prioritised related to partnership/team-working, analytical skills, self-management and support for others. Desirable personal attributes included leadership, patience, empathy, effective communication, being personable, having integrity, being child-focussed, having problem-solving ability, and personal strength. The elements of the core competences and the functional map were sometimes highlighted.

<sup>11</sup> Since volunteers are often excluded from research into the workforce, CWDC requested that a special effort be made to elicit stakeholder views on their contribution.

<sup>12</sup> <http://www.qaa.ac.uk/academicinfrastructure/FHEQ/EWNI08/#p4.3> [Accessed on 15 April 2010]



All nine FHEQ criteria expected of a graduate were found to be either *especially important* or *fairly important*, though a minority (16/72) held 'knowledge of the main ways to undertake research in their field' to be *fairly unimportant*. This seems to contrast sharply with a general expression of the need for a breadth of relevant knowledge and for enhanced professional identity and status. Research into the specific field of practice is usually considered to be a vital activity in achieving both of these aspirations. In a separate question, 90% of respondents held the skills, knowledge and abilities of a graduate to be of importance, more than half of these holding the subject of the degree to be of equal importance.

#### 4.3.6 Where graduates are needed (now and in the future) and how they may best be deployed

The benefits for children of introducing a graduate role were left implicit but were seen to be the result of enhanced intellectual ability on the part of the graduate, increased professionalism and status, and greater knowledge. The possibility of graduates being an appropriate and useful source of staff to undertake new, currently unforeseen roles was suggested. The specific benefits for children with mental illness or disability were held to be similar, though relying more on specialist knowledge and staff. Improved status and professional standing and better interprofessional working were the main advantages for the workforce.

The perceived disadvantages of employing more graduates in specific or strategically identified roles related strongly to three factors. It was said that graduates would not stay in the workforce but would move on through promotion. The strongest response was a clear expression of the mutual incompatibility of personal improvement through gaining a degree with effective practice. Strong antipathy was voiced towards academic study (though this was considered essential to undertake a social work role). A final objection was that graduate roles would demotivate and disadvantage non-graduates, who were usually described as being 'excellent' and effective practitioners. A specific concern was expressed that (perceived) low status and low-priority services such as disability would suffer from graduates not being attracted to such work. These objections may be characterised as the '*ability as damaging*' argument, and the argument of '*exception to rules as proof of inappropriateness*'. An additional myth was also pervasive despite repeated messages to the contrary: that the plan was for the adoption of an all-graduate profession which would throw many 'excellent and effective' practitioners out of work.<sup>13</sup>

A number of obstacles to the introduction of a strategic graduate role were identified: lack of clarity of role and title; inadequate infrastructure; failure to resource the initiative; an underlying need for cultural change first; and a number of additional practical issues. However, details of the required organisational response and structural developments were also identified, together with a range of facilitators. If these can be achieved, then significant benefits were foreseen for children (especially better outcomes) and for the workforce (notably enhanced status and a stronger workforce generally). Respondents to the questionnaire and delegates at the events were able to identify a priority order of tasks for moving towards achievement of the possible introduction of strategically located graduate roles as well as a range of key messages for CWDC and DCSF.

There was a degree of qualified support for the introduction of a specific named degree in children's social care. (Of 51 responses, 21 indicated definite support, 23 indicated possible support, and seven indicated definitely not supportive.) All current roles in children's social care were thought by most to have the potential to benefit from the introduction of a graduate role, though this was contested (see Fig 10). A final question in the survey asked for an overall view on

<sup>13</sup> When asked "Where are graduates needed now and in the future?" a number of positive responses were identified. However, there were also dissenting voices.

- "Not all of workforce needs to be graduate. Most need to be qualified." (***The all-graduate myth***)
- "Graduates should be spread throughout the workforce. Concentration of graduates may compromise the level of collective experience held in a team." (***Ability as damaging***)
- "Graduates do not necessarily make the best managers. Perhaps this expectation should be challenged." (***Exceptions to rules as proof of inappropriateness***)

the introduction of a planned graduate role. The great majority of those who responded (42/50) were in favour (See Fig 24).

#### **4.3.7 Essential issues to be addressed regarding the graduate role**

Throughout phases two and three it became clear that a number of issues will need to be addressed before the proposal can be received positively by stakeholders and the workforce generally.

- There is deep, widespread suspicion about the motivation for asking the question about a role for graduates.
- There was much confusion, despite repeated clarification, with an intention to establish an all-graduate workforce.
- A major reactionary force to academic achievement and professionalisation was discovered, with the assumption that being better qualified is mutually exclusive with caring and commitment to children's wellbeing.
- There were persistent concerns about the potential (perceived as inevitable) negative impact on non-graduates in the workforce.



## 5. A MODEL FOR STRUCTURING AND PROFESSIONALISATION OF THE CHILDREN'S SOCIAL CARE WORKFORCE

Based on the findings from the three phases of this study, figure 1 below illustrates a potential model for structuring the children's social care workforce according to the agreed staff groupings and for integrating graduate entry (should this be planned). Each element (the structure of the workforce and provision for a graduate pathway) is described below, but a gateway is foreseen between the two elements, allowing entry to the workforce from undergraduate preparation and access to this preparation from within the workforce.

### Structuring the Workforce

#### 5.1 Staff groups

The interviews, the survey and the events together indicated a number of areas of common and specific knowledge and skill requirements across the three staff groups: Children living away from home; Schools and day care; and Community and the child's own home. These groupings are loose, with suggested likely constituents, but open to negotiated membership. In effect, this is an open system; permeable to internal and external elements. This is important for three reasons:

- some staff work across more than one group and must not be constrained to single 'membership'. The diversity of types of teams (such as "team around the child") requires this level of flexibility to enable effective response to the child's needs at a specific time, and the needs may change over time.
- such a structure must avoid alienating workers who do not fall neatly into one of the groupings. This would effectively reproduce the current problem which is characterised by parts of the children's workforce being clearly defined and circumscribed, leaving a large number of practitioners excluded from any such functional group and the associated career structure and support
- the workforce is continually developing and changing, and any structure must be amenable to responsive development and change in its turn.

#### 5.2 Related knowledge, skills and experience

Each of these groups has an identity engendered by the specific demands of working with children in particular social and geographical circumstances. The children's social care workforce as a whole shares common areas of knowledge, expertise and skills and this is recognised in the common core, but each group also has knowledge and skills which are specific to working with a particular service user group and/or location.

For example, those working in residential settings may be required to be more skilled in dealing with angry, frustrated young people in an environment containing other agitated or vulnerable children and young people. Staff in such situations are visible to other members of staff and to other service users. This requires a particular skill set (de-escalation, for example) which may not be so pronounced for another group. Similarly, visiting the child's home presents different challenges to personal safety, improvisation of the workplace to facilitate the most effective intervention, and the professional-patient/user relationship.

Knowledge of child development; legal issues; safeguarding; and communication with children and young people were the most strongly and frequently expressed elements, with respondents arguing for these to be common to all workers in line with the common core and the functional mapping. Skills which were common to all included partnership/team working, analytical skills, self-management, and support for others. A large number of common personal attributes were identified, particularly patience and empathy, integrity, being personable, problem-solving ability, leadership, and personal strength. These would be expected in all practitioners across the children's social care workforce.

#### 5.3 Structure and Development of a Graduate Pathway

As part of a planned introduction of graduate roles, the basic model addresses the structuring of a degree pathway for a number of possibilities, namely:

- those entering the workforce without a degree
- those entering the workforce with a degree
- those entering the workforce with existing academic credit
- those already in the workforce

#### **5.4 Basic structure**

The model is based on a traditional structure of core modules (60 credits at level 6) and optional modules (60 credits at level 6). It mirrors the structure of the Diploma for the Children and Young People's Workforce (Social Care Pathway) and the proposed structure is commensurate with developments in the Early Years workforce; it will be familiar to many practitioners; and it will also be acceptable to universities. A repeated message from phase three of the study was that there must be better, more effective working between the services and universities (for example, in relation to designing programmes with appropriate content), and this model relies upon such an undertaking. Further work is needed to explore agreement across the workforce and with universities on concepts such as 'mandatory', 'optional' and 'core' modules.

#### **5.5 Entering the workforce as a non-graduate**

This individual would complete the full degree programme – three common core modules and three optional modules – the latter selected in negotiation with the manager with a view to the role to be fulfilled and the needs of the team's profile.

#### **5.6 Entering the workforce as a graduate (ie: with a 'relevant' degree)**

A graduate entering at the same point would take only those core modules not currently accounted for in their profile, together with such specific optional modules as deemed essential or desirable in negotiation with the manager. For example, working with disabled children might be absent from the individual's repertoire but also a growing need for the team profile, so a suitable module would be selected. This would be an ideal application of the recommendations from the study.

Rather than amass additional level 6 credits, an existing graduate could expect to access the modules at level 7 (Masters) with a view to progressing to postgraduate certificate, postgraduate diploma, or Masters degree. It is common for universities to provide modules with assessments at both level 6 and level 7.

#### **5.7 Entering the workforce with existing credit**

An individual joining the workforce with credits towards a degree would proceed as for a graduate entering the workforce but selecting level 6 modules from the core and options to ensure eligibility for the award.

#### **5.8 'Graduateness'**

A minority view was expressed in phase three that it should be possible to study to the point where a practitioner could demonstrate the equivalent achievement of a graduate but without having to gain a degree. The research team does not support the notion of studying the equivalent of 120 credits without achieving the award. The notion of 'graduateness' was raised (meaning the presentation of attributes of a graduate without having undertaken undergraduate study). However, since respondents were clear that the attributes of the desired individual (displaying 'graduateness') were those which are identified by the FHEQ, it must be questioned how such attributes would be gained without study. Presumably, there must also be some test or appraisal of the required knowledge, skill and attributes for the claim to be substantiated. If the processes of study and testing are to be undertaken, then it seems unreasonable to deny the individual the right to an award which is transferable to other employers. If these are not to be undertaken, then the claim is unsubstantiated and status equivalent to being a graduate should not be considered. All universities offer the opportunity to claim accreditation for prior experiential learning (APEL), so such talented individuals should be able to bypass significant parts of an undergraduate programme while still achieving the award (and consequent status in the eyes of other professionals).

### **5.9 Accessing the programme from within the workforce**

It is clear from the phase three results that many existing practitioners would not wish to complete a degree but might wish to undertake formal study as continuing professional development. These practitioners would access specific modules from core or options as agreed with their manager. Other practitioners would wish to work towards the full degree. In this case they would work systematically through the whole programme (probably on a part-time basis) to gain the degree with support from work.

Graduates already within the workforce may wish to access specific modules from the core or options – again, in negotiation with their manager – as a quality-assured source of continuing professional development. This is a means by which managers might assemble the required breadth of expertise in teams in response to new challenges or fields of work.

### **5.10 Pathways**

An example pathway for new entrants as graduates or non-graduates to become part of the planned graduate elements of the workforce is also incorporated in the model. It is suggested that each staff group would have essential elements and optional elements which best match the needs of that part of the workforce. However, it is also envisaged that managers will wish to establish a balance of skills and expertise in teams, so some variation is also expected.

For example, a new entrant without a degree wishing to work in Community and the Child's own Home would take the common modules and a selection of optional modules. The latter selection would be a matter for negotiation with the manager, incorporating consideration of the team's needs and the individual's profile. The degree may well be undertaken on a part-time basis as day-release.

A new entrant taking the same pathway into the workforce would identify (in association with the manager and the university) elements of the common core of the degree currently missing from their profile, together with (say) one or two required optional modules according to the work to be undertaken. Again, this study is likely to be undertaken on a part-time basis while in post.

## **6. The proposed structure within the context of the wider children's workforce**

### **6.1 A non-exclusive structure**

One of the difficulties which prompted this study was a lack of adequate definition and therefore identity of the children's social care workforce. While some elements of the children's workforce are reasonably clearly defined and their constituents easy to identify, the process of creating such elements leads inevitably to a significant number of practitioners who simply do not fit into any of the created subgroups. The structure proposed here is intended to overcome this tendency by focusing staff groups in a different manner which will remain flexible and responsive to future changes in the needs of children and young people.

The staff groups are not fixed or strongly differentiated, so practitioners whose work requires 'membership' of more than one group can be accommodated within the model. This permeability of the staff groupings reduces the likelihood of practitioners finding themselves once again excluded from identity and career support.

### **6.2 Interaction with other parts of the workforce**

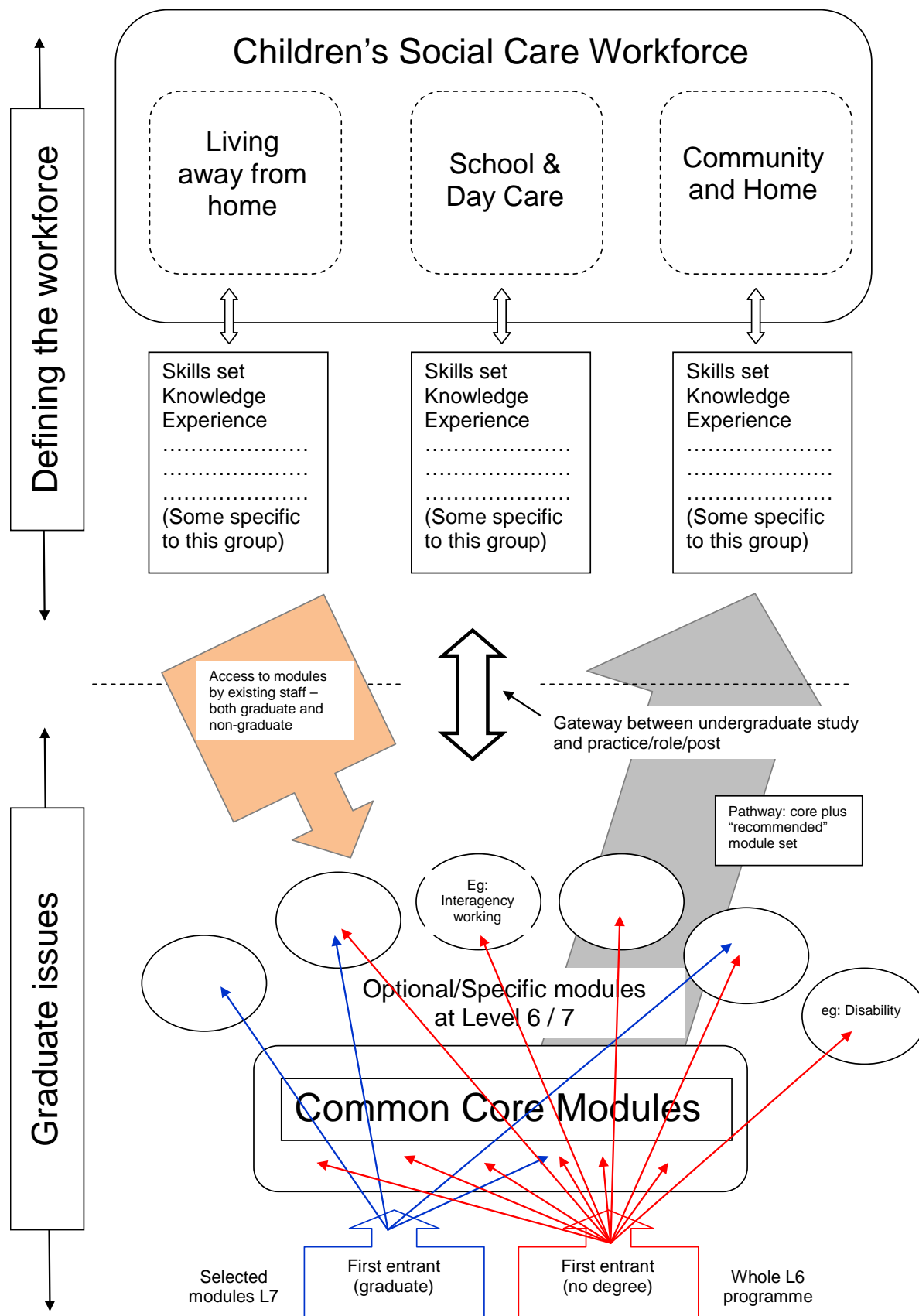
Respondents expressed specific ways in which this part of the children's workforce should interact with other parts. A clear identity and purpose, linked to supporting education and career pathways within children's social care should facilitate interaction with other groups. The enhanced identity and status which should follow educational progression and professionalisation will help to reverse the pervasive feelings of low status and lack of recognition by other professionals.

The general structure and much of the content of a degree pathway for the three staff groups in the children's social care workforce can be shared in varying blends with other elements of the

## UNDERSTANDING THE CHILDREN'S SOCIAL CARE WORKFORCE

children's workforce, enabling shared learning and increased flexibility across the whole children's workforce. For example, the early years workforce is trying to implement a single curriculum for a diverse practice group, to establish a pathway for practitioners without qualifications and for graduates joining the workforce, and to introduce a graduate leadership role. However, while the early years plan is to ensure one graduate role in every setting, this is not in the plan for the children's social care workforce.

**Figure 1: A MODEL FOR STRUCTURING AND PROFESSIONALISING THE CHILDREN'S SOCIAL CARE WORKFORCE**



## **APPENDIX 1: Findings from Phase 1**

### **MAPPING THE CURRENT STATE OF THE CHILDREN'S SOCIAL CARE WORKFORCE**

**Objective: Develop a clear picture of the key roles within social care through analysis of the data already reported upon in 'The State of the Children and Young People's Workforce' report for 2008.**

## Summary Analysis of the report: 'State of the Children and Young People's Workforce 2008'

As a first phase in an overall project to develop a detailed understanding of the location, role-composition and preparation of the children's social care workforce, the research team was tasked with undertaking an analysis of the data presented in the '*State of the Children and Young People's Workforce 2008*'<sup>14</sup> report previously commissioned by CWDC.

The purpose of this analysis was to establish what is already known about selective elements of the children's social care workforce in a number of specific areas:

- size
- setting
- vacancy and turnover rates
- qualifications
- recruitment pattern
- disability
- demographics (including ethnicity, age, gender and location).

Its further purpose was to inform the next phases of the project, including consultation with key stakeholders on the future make-up and preparation of the workforce, together with the role, if any, for graduates within this.

The '*2020 Children and Young People's Workforce Strategy*' (DCSF 2008)<sup>15</sup> provides clear indications of the constituent parts of the core and wider children's workforce. Some elements of the children's social care workforce, while included in the CWDC 2008 report, are not the intended focus for this work. Indeed, some elements of the workforce are already subject to detailed review and structured support in terms of role clarity, required qualification and career development. This work is intended to address the significant part of the workforce which does not obviously fit into one of these groups.

Qualified social workers and health professionals (notably occupational therapists) are excluded from this work since their roles and preparation are already clear. Other groups for which work is already well advanced, or being undertaken by other agencies, including those working in youth justice, early years, health, sports and culture, and youth work, are also not the prime concern of this project.

This still leaves unclear the details about an indeterminate number of workers who may work with some of the most vulnerable children. Following ongoing discussion with CWDC and an Expert Reference Group<sup>16</sup>, it was left to the research group to exercise final judgement on which staff groups and roles should be included in the analysis. An initial list was created from existing research and policy documents, but this was repeatedly augmented through interviewing key stakeholders before presentation in the online questionnaire and staff events.

Our analysis of the data, taken in the context of additional consideration of the way in which these roles and fields of work are grouped in other contexts, leads us to consider the eligible roles in three groups:

- those who work in residential child care
- those who work in schools and day care provision
- those who work in the community, most often in children's own homes.

We have structured this report of the analysis accordingly.

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<sup>14</sup> CWDC (2008) *State of the Children and Young People's Workforce 2008*. Leeds: CWDC.

<sup>15</sup> DCSF (2008) *2020 Children and Young People's Workforce Strategy*. London: TSO.

<sup>16</sup> For Expert Reference Group membership (April 09- March 10) refer to appendix 9 (FULL REPORT V1.0 – JULY 2010)



## LIMITATIONS AND MISSING DATA

The information available for compilation of the 2008 report indicates a total of 168,340 (headcount) staff in social care occupations, but it is acknowledged that this is undoubtedly an under-estimate. Detail is lacking for the private and voluntary sectors generally, but there is also a problem with undercounting in local authority data due partly to lack of clarity of role and uncertainty as to the inclusion or otherwise of those workers whose role is only partially aligned with children. Lack of fit between sources of data causes further difficulty, an issue already well known to CWDC and DCSF.<sup>17</sup> The authors note that more than 96,000 workers, mostly qualified social workers, managers and office staff but including some who are relevant to this analysis, are not taken into account.

The degree to which there are gaps in the data is indicated particularly clearly in Table 6.2 on page 50 of the report. In particular, data is largely missing relating to foster carers, residential childcare workers, occupational therapy support, day nursery staff, 'other day care' staff, fostering and adoption agencies, and support workers from most of these settings.

'Outreach family support workers' is a grouping made by combining 'community workers' and staff working in family centres (which in turn is made up of family centre workers, family aides, and other care staff). This sort of combination poses additional problems for this analysis.

We have not included the disabled children's workforce as a separate category, but believe that it is important to recognise that those working with disabled children will also be working with children who have significantly increased needs. Whether at home, at school or day care, or in residential care, disabled children need a particularly skilled and knowledgeable group of staff to be able to encompass their physical, social and psychological needs. There is no significant data on which to undertake analysis at present. This needs to be redressed if DCSF aspirations of meeting the challenges of working successfully with disadvantaged and disabled children are to be realised.<sup>18</sup>

A report of the analysis of updated data from 2008 was made available to the project team. As the originators of the updated report declared, there was little additional data, and the gaps in the first report remained largely unchanged. It is clear that the required data has not been requested, that often it is not collected, and that there is no means for it to be collated centrally.<sup>19</sup>

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<sup>17</sup> DCSF (2008) *2020 Children and Young People's Workforce Strategy*. London: TSO

<sup>18</sup> DCSF (2007) *Aiming High For Disabled Children*. London: DCSF.

<sup>19</sup> This was also borne out in phase two interviews and in the phase three events.

## 1) THOSE WHO WORK IN RESIDENTIAL CHILD CARE

**For the purposes of this analysis, the group *residential child care staff* (for children living away from home) includes:**

- foster carers
- short break carers (for disabled children)
- residential child care managers
- residential child care workers
- secure unit staff

**Groups NOT included in this analysis are:**

- social workers
- social work field workers
- CAFCASS workers

The groups defined here as *residential child care staff*, have been considered separately because they work with children who are temporarily or permanently separated from their families of origin, and who are recognised as being intrinsically vulnerable and often difficult to care for because of early traumatic childhood experiences. The level of knowledge, skills and qualities required to work with this group of children is significant.

Successive administrations have emphasised the importance of social work qualifications for senior residential managers, and these initiatives have been partially successful, but it remains that the vast majority of residential child care staff do not currently have a social work qualification.

### **The Size of the Workforce**

#### ***The statutory sector***

In 2006, a total of 12,035 staff (9,620 FTE) were employed in residential establishments, which was a decrease of 400 FTE (-4%) over the year, and a decrease of 2,300 (-19%) since 1997. Of these, 9,100 were staff employed in community homes for looked after children (76%) and 2,935 were employed as staff in homes for children with learning disabilities (24% of the total).

Of all homes in the statutory sector:

- 12% were managers or deputies
- 18% were other supervisory staff
- 55% were care staff
- 1% were teachers
- 15% were other support staff.

Of the 1,925 staff (1,470 FTE) working in statutory sector specialist needs establishments mainly for children:

- 8% were managers or deputies
- 15% were other supervisory staff
- 53% were care staff
- 3% were teachers
- 20% were other support staff.

#### ***The voluntary and private sector***

The response to the National Minimum Data Set – Social Care (NMDS-SC) which has collected data since 2006 has enabled broad estimates of the numbers employed in two main settings:

- children's homes
- fostering and adoption agencies

The response to the NMDS-SC is not sufficient to report on other settings, including children's community care services and children's domiciliary care, and it does not as yet separately identify foster carers.

Estimates based on the NMDS-SC data show that in the voluntary and private sectors, 25,340 staff work in children's residential homes. Of these:

- 18% were in managerial roles
- 1% were in professional roles
- 75% were in direct care/support roles
- 5% were in other roles.

National research on volunteering suggests that around two million people engage in formal volunteering across the children, young people and families sector each month, but it is not known how much of this is in social care. There is no current source of information on the number or demographic makeup of volunteers working in children's social care.

## **Settings**

### ***The statutory sector***

It is estimated that there is a total of 9,100 staff in statutory sector community homes, 2,935 staff in homes for children with learning disabilities, and 1,925 staff (1,470 FTE) working in specialist needs establishments which cater mainly for children.

### ***The private and voluntary sector***

In the private and voluntary sector it is estimated that a total number of 7,180 staff are working in fostering and adoption agencies (excluding agency staff). Of these, 1,850 (26%) are from the voluntary sector and 5,330 (74%) are from the private sector.

It is estimated that of a total 25,340 staff employed in children's homes, 5,700 (22%) are from the voluntary sector and 19,640 (78%) staff are from the private sector.

In 2006, there were 37,000 foster families in England (a rise from 21,000 in 1995). However, although information is available about the number of available foster families, it does not specify how many people are 'foster carers'. In 2006, of 60,300 looked after children in England, 42,000 (70%) were living with foster families.

## **Demographics**

### ***The statutory sector***

**Community homes.** Of the 9,100 total of staff in statutory sector community homes, 64% were female and 36% were male.

- 6% were of unknown ethnic background
- 81% were white
- 13% were black and minority ethnic (of whom 1% were mixed, 2% were Asian, 9% were black, and 1% were other)

**Homes for children with learning disabilities.** Of the 2,935 staff in homes for children with learning disabilities, 82% were female and 18% were male.

- 5% were of unknown ethnic background origin
- 85% were white
- 10% were black and minority ethnic (of whom 1% were mixed, 3% were Asian, 6% were black, and 0% were other).

**Specialist needs establishments.** Of the 1,925 staff (1,470 FTE) working in specialist needs establishments which cater mainly for children, 83% were female and 17% were male.

- 5% were of unknown ethnic background

- 86% were white
- 9% were black and ethnic minority (of whom 1% were mixed, 3% were Asian, 5% were black, and 1% were other).

Within the statistics, children's (community) homes and homes for children with learning disabilities have been separated out. It is notable that within the homes for children with learning disabilities the gender split mirrors that of the fieldwork service, whilst in children's (community) homes a greater proportion of male staff (36%) is apparent. In both areas a lower number of staff from BME communities (10%) is apparent. The age profile of residential staff is significantly younger than that of community staff with nearly half of the group under 39 years.

There also seems to be some similarities in the makeup of this section of the workforce with roughly 80% female and 20% male staff and 76% white and 16% staff from BME communities. The age profile of the child care staff in the community indicates that few are under 25 years or over 60 years, with more than two thirds of staff in the 25-49 years bracket.

### ***The voluntary and private sector***

Foster carers. Currently there is no published information on the demographic characteristics of foster carers in the voluntary and private sector.

Children's residential homes. Estimates based on the NMDS-SC data show that in the voluntary and private sectors, 25,340 staff work in children's residential homes. Of these 63% were female and 36% were male (1% gender not recorded).

- 1% ethnic origin not recorded
- 83% were white
- 16% were of ethnic minority origin (of which 1% were mixed, 1% were Asian or British Asian, 7% were black or black British, and 7% were of other ethnic origin).

The average age of staff was 38.5 years across all homes, 42.7 years in the voluntary sector and 37.4 years in the private sector.

- 1% of staff had a disability
- 87% did not have a disability
- 13% not recorded.

Community Settings. Data on the remainder of the private and voluntary sectors, including the bulk of community settings, are not available.

### **Vacancy, recruitment and retention patterns**

In the report, vacancies were defined as any vacant post that the employer is seeking to fill or will seek to fill (at 30<sup>th</sup> September). Annual turnover is the number of leavers from the employer during the year to 30<sup>th</sup> September each year, and the annual turnover rate is the number of leavers shown as a percentage of employment at the end of the twelve month period.

### ***The statutory sector***

Residential care staff. For residential care staff, a fifth of local authorities (20%) reported recruitment difficulties, slightly down from 25% in 2005, but up from 14% in 2001. 12% reported retention difficulties, down from 17% in 2005 and slightly down from 12% in 2001 and 14% in 2002. The main reasons for difficulties were the attractiveness of pay in social care and the nature of the work.

Recruitment of foster carers. The Fostering Network's latest national survey on the number of foster carers needed in September 2004 showed an estimated shortfall of 8,200 foster carers. For this survey, local authorities were asked how many foster carers they would have to recruit in order to offer placement choice to the children in their care. Placement choice meant having a sufficiently wide pool of foster carers so that each child could live with a family which met their individual

needs (The Fostering Network, 2007).<sup>20</sup> No further details are given in this survey of specific reasons for the shortage or solutions.

Retention of foster carers. The annual churn of foster carers is around 10% (Research in Practice 2003).<sup>21</sup> The reasons for leaving may be 'ageing out', moving to other employment, negative experiences in fostering, or lack of support in carrying out the role.

### ***The private and voluntary sector***

Residential. Vacancy rates averaged 8.1% in voluntary homes and 5.6% in private homes, and were highest for care workers, for whom they were 16.1% and 7.9% respectively. Turnover rates for all workers averaged 22.6% in private sector and 13.0% in voluntary sector homes. The turnover of care workers averaged 28.2% in the private sector and 18.7% in the voluntary sector. The main reasons for leaving were personal or career development reasons; the main destinations of leavers and origins of recruits were other jobs in the children's sector.

Children's social care voluntary and private residential care. Data from the NMDS-SC are currently available for residential services. The data indicates that in 2007 vacancy rates averaged 8.1% in voluntary sector children's homes and 5.6% in private children's homes, and they were highest for care workers, for whom they were 16.1% and 7.9% respectively. Turnover rates averaged 22.6% in the private sector, although they were lower in voluntary sector homes where they averaged 13.0%. The highest rates were for care workers for whom they averaged 28.2% in the private sector and 18.7% in the voluntary sector.

The report also acknowledges 'experience of staff' in terms of numbers of years in their role. It indicated that in the voluntary and private sectors:

- 47% of staff started their current role between 2005 and 2007 (and so had been in their role between one and three years)
- 41% had been in their role between 2000 and 2004 (and so had been in their role between four and eight years)
- 5% were not recorded.

The report also indicates that:

- 20% had started working in social care between 2005 and 2007 (and so had been working in social care between one and three years)
- 19% had started working in social care before that
- 36% were not recorded.

### **Qualifications**

A significant proportion of these staff have different levels of NVQ qualifications, and have been in receipt of a number of in-house training initiatives. For example, from 2001/2-2006/7 the percentage of residential childcare workers achieving Level 3 in the NVQ Caring for Children and Young People rose from 29% to 56%. Differentiating the qualifications of individual role groups is considerably more difficult.

### ***Foster carers***

No information on the qualifications and training of foster carers was available for inclusion (though requirements for foster carers to undertake CWDC training programme may alter this situation in the future).

### ***Short break carers (for disabled children)***

<sup>20</sup> The Fostering Network (2007) *The Shortage of Foster Carers*.

<http://www.fostering.net/resources/shortage.php> [Accessed on 10 November 2010]

<sup>21</sup> Research in Practice (2003) *Recruitment and Retention of Foster Carer*. Research Briefings for Councillors. <http://www.rip.org.uk> [Accessed on 15 April 2010]

No information on the qualifications and training of short break carers was available for inclusion.

**Residential child care managers**

In 2006 the percentage of managers holding at least one qualification was 83%, with only 1% not holding a qualification. (No information was available for 16%). The main qualifications held were professional social work (43%) which is not the focus of this analysis, management (28%), S/NVQ registered manager (21%) and other S/NVQ (22%). The information on registered managers studying in 2006 is affected by non-response covering 16% of children's home managers. The proportions of registered managers in children's homes with one or more relevant qualification increased from 90% in 2001 to 98% in 2006.

Details of qualifications held are displayed in Table 2.

Type of Qualification	Management	NVQ Assessor	S/NVQ 2	S/NVQ 3	S/NVQ 4	Other relevant	None
% Held	28	18	0	13	21	13	1
% Studying	5	1	0	1	13	3	1

**Residential child care workers**

In 2007, of all staff and managers in voluntary and private sector children's homes, 58% held one or more relevant qualification and 33% were studying for qualifications. The proportions holding qualifications showed little difference between voluntary and private sectors. However, there was a higher level of studying in the private sector than the public sector (35% and 17% respectively).

The main qualifications held were:

- Caring for Children and Young People NVQ Level 3: 24% of staff (11% studying).
- Care or Health and Social Care NVQs at Level 2/3/4: 22% of staff (15% studying).

Viewed by qualification level:

- 33% held qualifications at Level 3
- 16% held qualifications at Level 4
- 3% held qualifications at Level 2.

Of all staff, almost a quarter (24%) was working towards a qualification at Level 3, and 8% at Level 4.



## 2) THOSE WHO WORK IN SCHOOLS AND DAY CARE PROVISION

This section of the analysis of the social care workforce is potentially the most problematic to encompass. The crossover with the Education and Early Years Foundation Stage staff is significant. Moreover, the interdisciplinary nature of many children's centres (where many staff may hold social work, health or education qualifications) make generalisations about staff qualifications and training needs more difficult to establish.

### Groups NOT included in this analysis:

- registered occupational therapists
- education welfare officers (EWOs) who are social work qualified

### Schools and Day Care Provision staff

This includes:

- teaching assistants
- (some) education welfare officers
- occupational therapy staff
- family centre workers (children's centre workers, family support workers)
- nursery staff

### Teaching Assistants

There are currently four structural levels (1-4) of teaching assistants in England. Each level requires a different level of qualification (usually NVQ) and training. A proportion of the teaching assistants at level 3/4 will also be engaged in day-release qualified teacher training.

### Education Welfare Officers

Some senior EWOs and a minority of EWO staff will be social work (or equivalent) trained, though the majority will not. Education welfare work draws its personnel from a range of staff with a wide range of previous experience.

### The Size and Settings of the Workforce

By far the largest group of staff in this part of the workforce works in family (or children's) centres, and the majority of staff in such centres are made up of family centre workers (family support workers), family aides and care staff. The latter may include crèche workers and nursery staff. In all day care employment, the report indicates that 68% were family centre workers, family aides, nursery officers, students and assistants, and 18% were other support staff. Overall, across this element of the workforce in 2006, there were (see table 3, page 31 for further information):

- 5,720 social work assistants,
- 1,705 community workers and
- 875 occupational therapy assistants.

While it is not always possible to distinguish between grades and roles, the total number of workers in day care provision is known. The role groups relevant to this analysis are shown in Table 3.

	Full-time	Part-time	Total FTE	Total (No.)
OT assistants, equipment aides and others	505	370	640	875
Family centre workers	1865	1410	2620	3275
Nursery officers (includes students and assistants)	765	345	955	1110
Other support services	380	660	820	1040



## **Demographics**

Of all fieldwork staff, 80% were female and 20% were male.

- 5% were of unknown ethnic background
- 78% were white
- 16% were black and minority ethnic (of whom 2% were mixed, 4% were Asian, 9% were black, and 1% were other).

Of 875 (640 FTE) occupational therapy assistants, equipment aids and other officers, 82% were female and 18% were male.

- 6% were of unknown ethnic background
- 73% were white
- 21% were black and minority ethnic (of whom 1% were mixed, 8% were Asian, 10% were black, and 2% were other), and

Of the 4,840 staff (3,830 FTE) in family centres, 90% were female and 10% were male.

- 6% were of unknown ethnic background
- 86% were white
- 8% were black and minority ethnic (of whom 1% were mixed, 3% were Asian, 3% were black, and 1% were other).

Of the 1,570 staff (1,310 FTE) in day nurseries, 96% were female and 4% were male.

- 4% were of unknown ethnic background
- 82% were white
- 14% were black and minority ethnic (of whom 1% were mixed, 4% were Asian, 8% were black, and 1% were other).

In family/children's centres, 10% of staff were male and 8% were from black and minority ethnic communities (roughly half of the total from community settings).

## **Vacancy, recruitment and retention patterns**

Over the period 1997-2006, FTE employment of occupational aides, equipment aides and other officers rose from 300 to 640 FTE (an increase of 113%).

The Office for Standards in Education (Ofsted) indicators that inform recruitment and retention are for all posts in children's social care services in local authorities, and are not directly comparable with the Local Authority Workforce Intelligence Group (LAWIG) data. It is not possible to extract details of teaching assistants and relevant EWOs. However, the overall figures showed falling vacancy and turnover rates over the three year period for which data were available.

No data is available for workers in family centres.

## **Qualifications**

### ***Family support workers***

The data for family support worker qualifications does not differentiate between those staff in family centres and those working in the family home, so some data is replicated in this section and Section 3.

The authors of the report drew on data from Kessler (2006)<sup>22</sup> relating to the qualifications and training of family support workers in the social care sector who were not qualified social workers.

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<sup>22</sup> Kessler I (2006) *Assistant roles and changing job boundaries in the public services*. London: Economic and Social Research Council (ESRC).

## UNDERSTANDING THE CHILDREN'S SOCIAL CARE WORKFORCE

From this source, social work assistants (SWAs) were much more likely to have a degree than teaching assistants (TAs) or health care assistants (HCAs), with percentages of graduates as follows:

- 42% of SWAs
- 15% of TAs
- 17% of HCAs.

The proportions of staff who had been awarded A-levels were:

- 59% of SWAs
- 32% of TAs
- 59% of the HCAs.

### 3) Those who work in the community, most often in children's own homes.

#### Groups NOT included in this analysis

- registered health professionals
- qualified social workers
- social work field workers (qualified)

#### Community care staff

This will include:

- family support workers
- social work assistants or equivalent
- healthcare assistants (mostly with disabled children)
- occupational therapy aides

#### The Size of the Workforce

Annex G of the State of the Children and Young People's Workforce report provides statistics relating to staff in operational divisions that are not establishment-based. The staff within this group range from team leaders/managers through to technical officers. It is difficult to determine numbers for some staff groupings due to amalgamations in the statistics (e.g. social service officers/social work assistants).

	Full-time	Part-time	Total FTE	Total Number
Social services officers/social work assistants	4105	1615	4980	5720
Community workers	1100	605	1415	1705
Occupational therapy assistants/equipment aides and other officers	505	370	640	875
Child protection/family placement/juvenile/youth justice workers	3475	1765	4260	5240

#### Demographics

No statistical data available

#### Settings

No statistical data available

#### Vacancy, recruitment and retention patterns

##### ***Family support workers and domiciliary care workers***

No data were found relating to these occupational groups.

##### ***Other occupational groups***

Currently, no shortages of education welfare officers were reported (LGAR, 2007); and currently there was no information on the recruitment and retention of Ofsted social care inspection staff, or the recruitment and retention of volunteers in children's social care.

## **Qualifications**

### ***Family support workers***

The data for family support worker qualifications does not differentiate between those staff in family centres and those working in the family home, so some data are replicated in this section and Section 2.

The authors of the report drew on data from Kessler (2006) relating to the qualifications and training of family support workers in the social care sector who were not qualified social workers. From this source, social work assistants were much likely to have a degree than teaching assistants or health care assistants, with percentages of graduates as follows:

- 42% of SWAs
- 15% of TAs
- 17% of HCAs.

The proportions of staff who had been awarded A-levels were:

- 59% of SWAs
- 32% of TAs
- 59% of the HCAs.

### ***Domiciliary care workers***

At December 2007 the NMDS-SC had gathered records for a sample of over 9,400 care workers (excluding registered managers and senior care workers) working in domiciliary care. This group of workers primarily works for adults, and some may work with children, although further analysis of a complex dataset will be needed to establish the extent to which domiciliary care workers work with children.

In this sample, 32% held one or more qualification of which:

- 19% were at NVQ level 2
- 4% were at level 3
- 10% held other (non-NVQ) qualifications.

19% were studying for qualifications, of whom:

- 14% were at level 2
- 3% were at level 3
- 2% were 'other' qualifications.

**ADDITIONAL DATA FROM THE 2009 UPDATING OF THE REPORT**

The reported number and demographic makeup of staff in various groups was found to have varied slightly from the previous year.

**[Employment, gender & ethnicity of local authority children's social care staff 2008]**

	Employment			Full time %	Part time %	Male %	Female %	White* %	Minority ethnic* %
	Headcount	FTE	% of total						
<b>Area office and fieldwork</b>									
Social work	18,780	16,835	36	76	24	16	84	75	18
Occupational therapy	1,175	855	2	51	49	13	87	84	8
Other staff	16,155	14,040	30	74	26	23	77	79	16
Total (area)	36,110	31,730	67	74	26	19	81	77	17
<b>Day care</b>									
Family centres	4,430	3,605	8	59	41	9	91	85	10
Day nurseries	1,565	1,300	3	61	39	4	96	81	13
Play groups	210	115	0.2	21	79	14	86	69	21
Nursery centres	105	85	0.2	51	49	4	96	76	15
Community centres	20	15	0.03	49	51	22	78	86	10
Total (day care)	6,330	5,120	11	58	42	8	92	83	11
<b>Residential care</b>									
Homes for learning disability	2,760	1,980	4	40	60	17	83	83	9
Community homes	8,360	6,785	14	64	36	33	67	80	14
Total (residential)	11,120	8,765	19	58	42	29	71	81	13
Specialist needs establishments	1,835	1,430	3	51	49	25	75	83	10
Total	55,395	47,045	100	68	32	20	80	79	15

\*White and minority ethnic percentages total less than 100% as 'not known' omitted from the table

Source: The NHS Information Centre for health and social care

Note: figures may not add due to rounding

**[ Employment of local authority children's social care staff (1997-2008, FTE)]**

	1997	2001	2005	2006	2008	Change 1997-2008 %	Change 2006-2008 %
Social work staff	14,100	15,000	17,700	18,500	19,400	+38%	+5%
Occupational therapy	370	420	560	780	700	+89%	-10%
Other field work staff	4,630	5,980	10,240	10,920	11,600	+151%	+6%
<i>All fieldwork staff (above)</i>	<i>19,100</i>	<i>21,400</i>	<i>28,500</i>	<i>30,200</i>	<i>31,700</i>	<i>+66%</i>	<i>+5%</i>
Day care staff	7,690	6,050	5,530	5,430	5,100	-34%	-6%
Residential establishments	11,900	10,800	10,000	9,600	8,800	-24%	-9%
Total (above)	38,690	38,250	44,030	45,230	45,600	+18%	+0.1%

Residential establishments excludes special needs establishments

Source: SSDS001 Return, 2008

UNDERSTANDING THE CHILDREN'S SOCIAL CARE WORKFORCE

Data for the private and voluntary sectors had been distinctly absent from the first report, and a little additional data was available in the updated report, though with considerable caution suggested in its interpretation.

**[Estimate of staff employed in private and voluntary sector children's homes and fostering and adoption agencies]**

	Voluntary sector	Private sector	Total
<b>Children's homes</b>			
Homes registered (31 March 2007)	118	1,198	1,316
Places	1,228	6,005	7,233
Estimate of staff employed (headcount) <i>(95% confidence interval)</i>	4,467 <i>(±1,605)</i>	20,362 <i>(±1,973)</i>	24,829 <i>(±3,577)</i>
<b>Fostering and adoption agencies</b>			
Agencies registered	100	215	315
Estimate of staff employed (headcount) <i>(95% confidence interval)</i>	1,189 <i>(±763)</i>	4,906 <i>(±2,386)</i>	6,095 <i>(±3,150)</i>

Source: NMDS-SC (September 2009)

NB.

*Estimates are based on an analysis of the numbers of workers (permanent, temporary, pool and agency staff) in Children's homes and fostering/adoption agencies that only provide that single service. These use the same methodology as the previous estimates but are lower than previously estimated. As the estimates are based on sample data with attendant sampling error we show 95% confidence intervals of the estimates (±) below the estimates*

*David, for comparison, the following table shows the mean number of staff for establishments carrying on the activity either as a sole or a main activity. The means in the latter case are larger because they include staff involved in other activities.*

	Voluntary sector			Private sector		
	mean	n	std.dev	mean	n	std.dev
<u>Sole activity of establishment</u>						
Children's homes	33.7	23	42.3	10.1	255	7.2
Fostering and adoption agencies	11.9	9	9.9	22.8	22	25.0
<u>Main activity of establishment</u>						
Children's homes	38.9	38	59.7	12.8	361	18.6
Fostering and adoption agencies	14.3	12	10.0	33.2	47	30.5

*This shows the number of staff per bed on which the Children's home headcount estimates are based*

	Voluntary sector			Private sector		
	mean	n	std.dev	mean	n	std.dev
<u>Sole activity of establishment</u>						
Children's homes	3.64	22	2.95	3.39	245	2.61
<u>Main activity of establishment</u>						
Children's homes	3.40	34	2.79	3.40	347	2.42

One aspect of data from private and voluntary residential homes was both available and accurate.

**[Vacancies and turnover in children's private and voluntary residential homes (2009)]**

	Vacancy rate (%)			Turnover rate (%)		
	Voluntary	Private	Total	Voluntary	Private	Total
Registered managers	0.0%	2.1%	2.0%	11.1%	17.4%	17.0%
Senior care workers	3.4%	3.6%	3.6%	10.2%	19.5%	18.1%
Care workers	3.4%	6.4%	5.7%	14.7%	22.5%	20.7%
All managerial and supervisory	0.0%	2.6%	2.2%	17.4%	13.3%	13.9%
All professional	0.0%	0.0%	0.0%	5.4%	4.2%	4.9%
All direct care/support providing	3.3%	5.4%	4.9%	13.9%	21.8%	20.1%
All other roles	0.0%	0.7%	0.4%	8.6%	7.0%	7.7%
Total	2.3%	4.6%	4.0%	13.1%	19.3%	17.9%

Source: NMDS-SC (September 2009)

*Vacancy rate calculated as vacancies as % of current headcount + vacancies.*

*Turnover rate calculated as number ceasing employment as % of current headcount + number ceasing employment.*

*Analyses based on Children's homes that only provide a single service; bases are small (23 voluntary and 246 private sector establishments)*

*Note also from NMDS-SC web site:*

**TURNOVER & VACANCY RATES**

**RECENT ANALYSIS OF THE NMDS-SC DATASET HAS REVEALED FALLING TURNOVER AND VACANCY RATES. FURTHER INVESTIGATION SHOWS THIS IS IN SOME PART A RESULT OF A DECLINE IN THE NUMBER OF RESPONDENTS PROVIDING INFORMATION ON NUMBERS OF VACANCIES AND NUMBERS OF LEAVERS. WE ARE WORKING TO BOTH IMPROVE THE QUALITY OF INFORMATION RECEIVED IN THESE FIELDS AND ON PRODUCING MORE ACCURATE TURNOVER AND VACANCY INFORMATION. FOR THE MOMENT, TURNOVER AND VACANCY FIGURES PROVIDED IN THESE REPORTS ARE LIKELY TO UNDER-ESTIMATE THE ACTUAL POSITION SO SHOULD BE TREATED WITH CAUTION.**



## CONCLUSIONS

The purpose of this analysis was to establish what is already known about selective elements of the children's social care workforce. This included data about workforce size, demographics, and qualifications. The analysis also considered workplace settings, and recruitment and retention patterns. The analysis aimed to inform the next phases of the project, including consultation with key stakeholders on the future make-up and preparation of the workforce, together with the role, if any, for graduates within this.

Some elements of the children's social care workforce (e.g. social workers, health professionals, and those working in youth justice and early years) are already subject to detailed review and structured support in terms of role clarity, required qualification and career development. This work is intended to address the significant part of the workforce which does not obviously fit into one of these groups and yet who may work with some of the most vulnerable children.

Following ongoing discussion with CWDC and an Expert Reference Group, the research group exercised final judgement on which staff groups and roles should be included in the analysis. Although not an exhaustive list, to date, this group includes:

- foster carers
- short break carers (for disabled children)
- residential child care managers
- residential child care workers
- secure unit staff
- teaching assistants
- (some) education welfare officers
- occupational therapy staff
- family centre workers (children's centre workers, family support workers)
- nursery staff
- family support workers
- social work assistants
- healthcare assistants (mostly with disabled children)
- occupational therapy aides

The eligible roles were considered as three groups:

- those who work in residential child care
- those who work in schools and day care provision
- those who work in the community, most often in children's own homes.

Separate data for the statutory sector and the private and voluntary sectors was also considered where possible and appropriate.

### a) Size of the Workforce

#### **Statutory Sector**

In 2006, the total number of the local authority social care workforce staff who worked specifically with children totalled around 55,000 - amounting to 46,700 full-time equivalent staff. Of these, around 67% were in fieldwork employment, 12% were in day care and 21% in residential care/special needs establishments. A substantial percentage (13% or 5,500 FTE) of this workforce are agency staff.

There was approximately a further 96,000 staff working in social care who may be involved in working with children, including home care workers (48,000), strategic and central staff (23,000), social workers in generic, health and specialist settings (22,000) and senior managers in operational divisions (2,800).

The largest group of staff working in schools and day care provision work in family (or children's) centres, and the majority of staff in children's centres are made up of family centre workers (family

support workers), family aides and care staff. The latter may include crèche workers and nursery staff.

In all day care employment, the report indicates that 68% were family centre workers, family aides, nursery officers, students and assistants, and 18% were other support staff. While it is not always possible to distinguish between grades and roles, the total number of workers in day care provision in 2006 were:

- 5,720 social work assistants,
- 1,705 community workers and
- 875 occupational therapy assistants.

### ***Private and Voluntary Sectors***

Estimates based on NMDS-SC data are that (at December 2007) 25,340 staff work in private and voluntary children's residential homes, with 75% in direct care/support roles. It is also estimated that 7,180 staff work in fostering and adoption agencies (excluding agency staff).

National research on volunteering suggests that around two million people engage in formal volunteering across the children's and young people's sector each month (other than in schools or education settings), but it is not known how much of this is in social care. Data on the remainder of the private and voluntary sectors, including the bulk of community settings, are not available.

#### **Key message**

Additional to the 95,000 clearly identified staff working in social care, there are as many as 96,000 more who *may* be involved in work with children, but this cannot be clarified at present. The most substantial source of data in this area is the NMDS-SC but some of this data is estimated, and the survey response rate could be improved. Furthermore, many aspects of data (particularly for the voluntary and private sectors) are not yet available.

## **b) Settings**

### ***The statutory sector***

It is estimated that there is a total of 9,100 staff in statutory sector community homes, 2,935 staff in homes for children with learning disabilities, and 1,925 staff (1,470 FTE) working in specialist needs establishments mainly for children.

In 2006, there were 37,000 foster families in England (a rise from 21,000 in 1995). However, although information is available about the number of available foster families, it does not specify how many people are 'foster carers'. In 2006, of 60,300 looked after children in England, 42,000 (70%) were living with foster families.

### ***The private and voluntary sector***

It is estimated that of a total 25,340 staff employed in children's homes, 5,700 (22%) are from the voluntary sector and 19,640 (78%) staff are from the private sector.

In the private and voluntary sector it is estimated that a total of 7,180 staff are working in fostering and adoption agencies (excluding agency staff): of these, 1,850 (26%) are from the voluntary sector and 5,330 (74%) are from the private sector.

#### **Key message**

Children's social care takes place in a variety of settings in both the statutory sector and the private and voluntary sector. Grouping these into three setting groups of residential child care, schools and day care provision, and work settings in the community and the child's home has some value, particularly since this approach focuses upon the child's needs. Reviewing the data in these groupings highlights the imbalance in availability of statistical data.

### **c) Vacancy, recruitment and retention**

#### ***Statutory Sector***

The workforce is varied and this impacts on the ability to recruit and retain a suitably skilled workforce in some occupational groups: recruitment and retention issues also vary by occupation and region. In the statutory sector, 20% of local authorities reported recruitment difficulties, and 12% reported retention difficulties in terms of residential care staff, which was mainly influenced by pay issues and the nature of the work. There is a shortfall of foster carers and the annual churn of foster carers is around 10% due to 'ageing out', moving to other employment, negative experiences in fostering, or lack of support in carrying out the role.

#### ***Private and Voluntary Sectors***

Vacancy rates averaged 8.1% in voluntary homes and 5.6% in private homes, and were highest for care workers, for whom they were 16.1% and 7.9% respectively.

The average turnover rates for all workers averaged 22.6% in the private sector and 13.0% in the voluntary sector homes. The turnover of care workers averaged 28.2% in the private sector and 18.7% in the voluntary sector.

The main reasons for leaving jobs in private and voluntary homes were for personal or career development. The main origins of recruits and destinations of leavers were other positions in the children's sector.

#### **Key message**

There are issues of recruitment and retention within both the statutory sector and voluntary and private sectors of the children's social care workforce. These are influenced by pay issues and the nature of the work. However, those in the private and voluntary sector who leave tend to take up employment within the children's sector. It is not clear to what degree this is a continuation of the traditional career pathway from social work assistant into qualified social work. A viable alternative career pathway within social care may impact on the pattern of recruitment and retention.

### **d) Qualifications**

The percentage of residential childcare workers achieving Level 3 in the NVQ Caring for Children and Young People was up from 29% to 56%.

83% of registered managers in children's homes held qualifications, mainly for professional social work (43%). 32% were studying for qualifications, including the NVQ registered manager Level 4 (13%) and other NVQ Level 4 (13%).

No information on the qualifications and training of foster carers or respite carers for disabled children was available for inclusion.

#### **Key messages**

The percentage of the residential childcare workforce achieving the NVQ level 3 qualification has risen, and most managers in children's homes held qualifications, with others studying for qualifications. Graduates tend to be clustered in one field (residential care), with a much larger field of potential candidates not currently pursuing this qualification route – though stronger, more specific data is needed in this area. No information was available for inclusion on the qualifications and training of foster carers or respite carers for disabled children.

### **e) Demographics**

**Statutory Sector**

The total workforce has a higher than average proportion of part-time workers. The workforce is predominantly female (80%) although, at management level, the proportion of men is higher. 68% of the total workforce is employed on a full time basis. Around 70% of the workforce is aged between 25 and 49 years, with a slowly ageing profile. 11% of the workforce is of a minority ethnic origin.

**Private and Voluntary Sectors**

In the private and voluntary sector 88% of the workforce is full-time, 63% is female, and 16% is of minority ethnic origin. The average age of all staff is 38.5 years, ranging between 42.7 years in the voluntary sector and 37.4 years in the private sector.

**Key messages**

Across both the statutory sector and the private and voluntary sectors the workforce is predominantly female, and most workers are employed on a full-time basis. The number of workers from minority ethnic backgrounds is higher in the voluntary and private sector at 16% than the statutory sector (11%), but it remains a small percentage across both providers. The staff age profile from all sectors indicates that career pathway planning needs to consider carefully the provision for mature students.

## **APPENDIX 2: Findings from Phase 2**

### **KEY STAKEHOLDER VIEWS ON MODELLING THE FUTURE WORKFORCE**

**Objective:** Elicit through structured interviews the views of key stakeholders identified by CWDC on the ideal (but practical) modelling of the workforce for the future.

## A) THE STRUCTURE OF THE WORKFORCE

The potential structuring of the children's social care workforce was presented to the respondents as a construct that was broadly based on location. These were outlined on an appendix that was given to respondents prior to the interview. The locations were:

- children living away from home
- schools and day care
- community and in the child's home

### CHILDREN LIVING AWAY FROM HOME

The list of roles within the 'children living away from home' group included:

- managers in residential homes
- residential social workers
- secure unit staff
- short break carers for disabled children
- foster carers

#### Is this group a meaningful cluster?

The respondents were asked if this first grouping seemed to be a meaningful cluster and the majority of respondents broadly agreed that this was, acknowledging that in this case the concept of location was useful. For example one respondent stated:

*'I think the concept of living away from home is different from a young person that is still at home: it's a helpful concept of social care' (R1).*

Those who answered with less conviction, perhaps, suggested that at least it '*made sense*' (R3) or was '*good enough*' (R5). However, respondents also drew on their own experiences and organisations to identify instances when the concept of location became problematic or where they felt specific workers did not 'fit'. This may have related, for example, to job titles, where the same job title can apply to very different roles. As one respondent stated:

*'The term 'secure unit staff' covers three very different types of work with different tasks to perform and a different focus. Secure children's homes, adolescent psychiatric units, secure training centres (YOs) are all very different' (R8).*

Foster care also presented several issues for respondents. One commented:

*'I think that in some way the combination of professional staff and foster carers, you have some strength but I think you also probably have difficulties... I think there's a tension around the professionalisation of foster care and what we actually mean when we talk about work force' (R1).*

This also included perceptions of the notion of 'home' so for example although foster carers worked with children who did not live at the child's home, the care took place in the carers' home with their own families, and 'in the middle of their personal lives'. Respondents also identified differences between residential staff and foster carers in terms of contracts, explaining that since foster carers were 'fee-based' they were distinctly different to residential staff (R6, R7). So although living away from home might make some sense in terms of a categorisation, there were many other aspects of these roles that confounded this.

One respondent commented that the groupings could be seen as a '*mixture of settings and functions*' which concerned '*the situation of children (care function,) the setting (day care and education), or both*' (R11). This respondent offered a potential alternative which included:

*'Staff who provide direct care to children (including most of group 1); then those who support the social work function (quite close to your number 3); and then those who provide direct support to the family, mainly through parenting support in the community' (R11).*



### **What are the factors that make these roles fit together?**

The participants were then asked to identify the factors that make these roles fit together. Aside from the location which obviously gave the roles some common identity, issues raised included the notion of 24 hour care (R3) in a quasi parental role for children whose own family cannot look after them (R8, R10, R6, R7) and where staff are engaged primarily in a daily living experience with children (R5).

### **Are the right staff and roles included?**

The participants were then asked to identify staff that perhaps did not belong in the grouping. Eleven respondents felt that this grouping contained the right staff. However, secure unit staff were described as having:

*'a very specialist role ... where staff need particular skills to be able to do this job – they are dealing with vulnerable and challenging young people at the extreme end of the spectrum and maybe they are a standalone group' (R2).*

### **Are any staff missing?**

The participants were then asked to identify any staff missing from this category, which resulted in a lengthy list. Adoptive parents, for example, were thought to belong to this group because *'there is still a job of work for adoptive parents to do – supervising contact and liaising with workers and birth parents'* (R2). Adopters were described as *'close in role to foster carers although they are not formally a part of the children's workforce'* (R8). Carers and family and friends carers were another group identified as missing, as were private foster carers. It was recognised that although their status is 'private' there are approximately 10,000 in the country (R8). Other staff identified as missing from the list included:

- managers of staff within residential care
- advocates
- independent visitors
- staff in boarding schools
- staff within mental health institutions
- staff within prisons and young offender institutions
- private children's home staff
- staff in specialist disabled units
- staff within asylum seekers incarceration units
- residential workers in special schools
- staff in hospices, refuges, boarding schools and care communities.
- residential schools, where children are getting their education on site but they are also living away from home.
- providers of supported lodgings to young people
- domiciliary care staff
- people working in family centres
- leaving care or adult transition workers.

Other than secure unit staff, there were no strong messages about any staff who should be in a different grouping.

### **What sort of roles would you consider to be important currently for children's social care?**

When answering this question, each respondent clearly had their own organisation or role at the forefront of their answer and so a variety of roles were mentioned to address issues which ranged from providing a basic structure and care (R2) right through to working with children with very complex needs (R6, R7). The problems currently faced by children and young people clearly shaped the answers given. For example:

*'... helping young people to move on, role modelling, being there for young people and parenting them' (R2)*

and

*'young people needing support from social care workers have very complex needs' (R10).*

There was a strong emphasis on the importance of those who work the closest to the children, as many pointed out throughout the course of the interviews. *'The care workers who have the day to day care of the young person are the most important role' (R1).* Again, foster carers were seen as being a crucial part of the social care workforce, and one respondent outlined why this was so.

*'I do think the role of foster carers is essential ... and obviously residential care workers are also important and secure unit staff, where relevant, etc I think the role of foster carers is changing quite rapidly, not rapidly enough ... but there is a beginning of a cultural shift about how foster carers are regarded and that foster carers... I think it was a defining moment, and I don't know whether it was serendipity or good judgement or both, that foster carers were included by the CWDC as members of the childcare workforce, and I think that was absolutely pivotal in the beginnings of foster carers being recognised as members of a workforce' (R9).*

*'I think that we obviously think that advocates and children's rights officers are an important role and that far more children and young people should have access to advocates' (R1).*

### **What might be important for the future?**

This question led to many predictions related to professional and policy issues. Some recognised basic needs but some were more aspirational. Issues raised related to the changing nature of the client group, professional roles, the financial climate and the political context including policy frameworks.

Seven of the comments pointed to specific aspects of knowledge that the children's social care workforce would require, or, as one commented, to *'developing competencies within a role' (R11).* These included core skills such as communication, parenting, and child development more specific aspects such as the personalised care agenda, the "Think Family" agenda, work around complex needs and asylum seekers. Respondents suggested that the social care workforce of the future must be highly skilled in communication *'if we are committed to moving away from restrictive physical interventions' (R6, R7).* Understanding the complex nature of parenting and parenting styles was discussed (R8), and input with parents was also a particular concern, as one respondent commented;

*'We are pretty poor in our input to social care staff around working with parents ... and historically also there is not much input about understanding children's own development. This will have to change.'* (R11).

The complexity of the client group also emerged as a key consideration for several respondents. For example:

*'We are seeing looked after children with increasingly complex needs due to their past experience – asylum seeking young people for example. They often display challenging behaviour as an expression of their vulnerability and need.'* (R6, R7)

The complexity included their physical as well as social circumstances, which was acknowledged by several respondents, including the challenges presented by children with multiple impairments and multiple health needs (R6, R7). Here, advocacy was seen as a growing area for children in

need, and particularly to assist disabled children and their families to facilitate access to the support that they need: as one respondent noted *'There's a huge unmet need'* (R1).

Several respondents made reference to the financial climate throughout the duration of the interviews. One noted that a key issue was gaining value for money, maximising effectiveness and simplifying the social care workforce suggesting that:

*'In the future there will be less money. We need to get more for less. Everyone will have to be able to be the essential worker and we need to maximise the effectiveness of each worker whatever their work title ... previous demarcations will have to go.'* (R11)

Long-term funding was described as being *'a real issue'*. As one respondent explained;

*'The problem is that commissioners are driven by unit cost so as a provider we need to keep the cost down in order to be competitive. If the SLA or contracts were outcome-focused rather than output focused this would make a real difference'* (R4).

Interestingly, one respondent identified how the role of the advocate had *increased* in importance as a result, suggesting that since budgets are reducing, access to money is more difficult and that advocates have a key role as a guide for families. In some areas this is a growing issue. For example:

*'... in mental health there is a growing need ... there's now changes in the law (creating) a growing demand for experienced mental health advocates. And with the aiming high agenda we know there's a growing demand for experienced advocates working with children and young people with disabilities'* (R1).

In terms of political drivers, several respondents highlighted personalised care as a key issue for the future with the potential to impact on the services provided. There were concerns that this will change commissioning and that regulation may be an issue:

*'(With) the introduction of personalised care...people will commission services themselves and this will change the makeup of the workforce – people will use neighbours and other contacts to deliver care.'* (R14).

*'Personalised care is as yet totally unregulated and there needs to be more scrutiny in this area ... I think that we will see parents spot purchasing from us in the future and we will need to be geared up for that'* (R4).

With regard to the political context and theoretical frameworks, there was also an underlying sense of a need to reclaim some theoretical underpinnings to guide the social care workforce. As one commented *'We need to recover the concept of social care'* (R8). This was discussed as both an important current issue and an important issue for the future. Several respondents referred to social pedagogy as a means of addressing the issue of long term, more supportive relationships between social care workers and children. For example, one respondent stated:

*'I think that there is a real interest in social pedagogy at the moment and I can see this model shaping future workforces – if there is one big thing on the horizon, I think that this is it'* (R3).

*'There is obviously much discussion around social pedagogy – but this wouldn't cover all of these practice groups. There is real scope to explore social pedagogy but we need to look at where the real gaps are in current knowledge and skills base. We need to generally "up" the level of knowledge and skills. What I think is most impressive about social pedagogy is that it really starts from a close knowledge of the child, their different contexts and moves outwards and upwards from there.'* (R11)

This question also gave rise to several responses about specific workforce roles and the role of foster carers elicited a huge response throughout the interviews. It was recognised that the role of foster carers, short breaks and respite carers is changing and that much more is now expected of them. As many respondents acknowledged:

*'...these roles deal with very vulnerable, damaged and challenging young people with complex issues but typically these are the roles that attract the staff with the least developed skills' (R2).*

One respondent noted the probable increase in number and profile of relative foster carers through social policy initiatives. Combined with an increased recognition in law and the contribution of relative foster carers, this respondent suggested that *'there are complex long term differences between relative and "stranger" foster carers ... which will become more pronounced' (R8).*

However, there was also some recognition of tensions around the foster carer role. For example the US multi-dimensional foster care model which considers making this group more 'professional' with the *'move to developing specific skills around intervention around emotional, social and behavioural issues'* (R8) provided a sharp contrast to the notion of 'substitute families'. The same respondent commented that:

*'There also could be more differentiation between short term and long term foster carers. In long-term foster care – we have the creation of substitute families for children who are still in care – what are their needs for belonging, intimacy and long term commitment? One thing that concerns me about the development of the foster care workforce is how sensitive are policy makers to people who are creating a family life for children rather than providing a professional service to children?' (R8).*

Residential care workers were also discussed in terms of the task and purpose of the role. Questions raised included *'do we need more emphasis on intervention roles for staff? Is residential care a preparation for a family or an alternative to a family? Do RSWs have a specific therapeutic role?' (R8).*

### **How would or should this group of staff interact with staff in other sectors?**

The interagency nature of the role was not only raised in this question, but also when the respondents identified issues that are important for the future. Significance was placed on social care staff understanding their own role and how it fits with the roles and other practice groups, as this respondent stated: *'it is all about the improvement of interagency collaboration' (R11).*

There was a clear desire expressed for this group to interact extensively with staff in other sectors. *'There is a definite need for these staff groups to communicate with each other and across other agencies, especially with social workers, education, health and staff working in recreation' (R10).* For most, the key was the child focus, with several highlighting the usefulness of the 'Team Around the Child' approach:

*'I think the idea that the Team Around the Child or the team around the family is a really important concept. And we need to increase the ways that at a local level, at the level where you are engaging with children and families that people can work in multi disciplinary teams. I think it has to be about local joint working. The idea that the practitioner which could be the social worker or could be somebody else needs to be something that is developed a lot more than it is' (R1).*

This respondent continued to explain the impact of effective interagency interaction from the service user perspective:

*'Young people say to us they are completely overwhelmed by the number of different professionals that they have to rely upon and they want one key person to help them to navigate all these other professions who are going to impact on their lives including their teachers and social workers ... and that should be happening in theory but it isn't. I don't think it's about creating a new role as much as making sure that all the individual factors ... you know people from all the individual sectors work together better' (R1).*

That said, and as an illustration of the cultural and language divisions amongst this group, one respondent commented that *'the term 'team around the child/family' doesn't mean anything to me –*

*it is maybe describing lots of different roles that are called different things in different agencies' (R2).*

Interaction with schools was raised as a particular issue for several participants (R1, R2, R14), suggesting that there is a necessity for extensive interaction between this group and other sectors, and particularly with schools. However, it was acknowledged that this was not always the case. Several barriers were identified, including shift working and professional isolation. For example:

*'Workers in this grouping tend to be quite isolated at times, particularly residential workers, who are not always able to contribute to meetings/case conferences due to shifts and hours of work. It is important for them to interact with the other agencies, but I suspect that interaction is not as extensive as it should be' (R3).*

*'There is a risk that they operate very insularly. This relates to capacity though, shift work makes working very insular. We need to build in time for people to get to meetings and share info with other agencies. For example the child's key worker in a residential unit needs to attend the child's Parents' Evening but often this doesn't happen because they are on the wrong shift. This needs to change. We need more flexible services' (R14).*

A fundamental issue to emerge from the responses, both to this question and throughout the interviews as a whole (and particularly the question related to the function of working in partnership), was the issue of status, power and inter worker respect. Many acknowledged that there were tensions between groupings, particularly in terms of perceived status of different workers:

*'Isn't this a real problem in different staff being perceived as having different values and in staff communicating together ...I think the underlying issue with that is different sectors respecting each other. Say for example residential care workers do not have the same status as social workers. But they are doing as difficult and as important a job' (R1).*

*'... in terms of needing to be able to talk on equal terms with people in SW departments. They are inclined to be seen as 'lower status' and they may be perceived as having less power' (R5).*

*'The problem at the moment is that social workers have a case management role whereas residential workers tend to have a case work focus and therefore social workers are perceived as having a higher status and this causes tension and an imbalance in power.' (R8).*

One provided an example, saying *'we turn up at meetings at Mental Health as advocates, very clear about a young person's rights ... and the psychiatrist says 'well you are a lay person, what do you know? We are not going to listen to you' ... so there's an underlying need for building mutual respect that enables that communication and joint working for that person' (R1).*

One respondent referred to the Climbié case, noting that *'Anna Stevenson pointed out a long time ago you how power differentials really come in to play when people are anxious' (R12).*

Foster carers appeared to be the group that raised the most concern with regard to perceived low status, reflecting an underlying theme amongst the respondents that those closest to the child do the most complex work and yet get the least recognition.

*'The thing that seems the most significant is that the people who are giving 24-hour care are truly the core people (parenting figures) for children. We really need to grasp what they do and know and what they should contribute to planning and assessment. Foster carers are still on the margins. The role and status of foster carers' relationship with other practitioners – are they the key person who should accompany child to all appointments? But then the expert report is written by the person with most status and least contact with the child' (R13).*

*'Foster carers are ... often undervalued, often marginalised... not always and there are some very good examples of good practice, but I still think... and even Lord Laming referred to foster carers as little treasures...but I don't think that cuts the mustard anymore and I*



*think there's an ambivalence and a bit of role confusion going on because there's still that lingering thing about foster carers are warm mummies ... I think you should have all those qualities, and two of the fundamental qualities of being a foster carer are warmth and flexibility, but by the same token foster carers need to operate in a professional manner with other workers working with children living away from home, but they also need to be treated as part of the team (R9).*

*'Partnership to me has a kind of implicit understanding that there is some kind of equality there, at some level, and that individual people or roles ... who are lower down the pecking order ... sometimes it's the people that have the absolute, direct contact with the child who are least valued, whose opinion is least valued... and, in fact, they're the ones that actually know, because they're the ones that are there when the child is playing or at bath time or whatever, when actually what the child wants, feels, needs and what have you, come out. One of the fundamental gripes that foster carers have is about having reviews on children, that take place in their own home and they're not told about it and everybody just rolls up to their own home, and somehow somebody's forgotten to tell them this is happening... And, you know, it is a very tricky interface because obviously this activity is going on in somebody's home ...' (R9).*

### Summary (children living away from home cluster)

In summary, for the cluster *children living away from home* the notion of grouping by location was meaningful to the respondents. However, several could also identify problems with "fit" for some workers and the list of staff missing from this group was lengthy. In terms of important roles, both current and for the future, the respondents identified workers who have the most direct contact with the child. Foster carers were highlighted in both categories. Changes in law and the difficult financial climate also brought out the increasing role of advocates. The increasing complexity of the client group was reiterated by the respondents, including children with multiple physical disabilities or complex social issues such as refugees or asylum seekers. A need to work more extensively with parents was also identified. In terms of political drivers, concepts such as personalised care were recognised as potential issues for the future, and social pedagogy is clearly beginning to emerge as a potential framework for the future. For many respondents, foster carers were the underpinnings of this category and this group of workers raised many issues, including their pivotal role in the workforce and its contrast with their perceived low status and potential marginalisation.

## THE SCHOOLS AND DAY CARE CLUSTER

This group consisted of:

- family/children's centre workers (including nursery and crèche staff)
- team around the child
- managers in family centres, day care centres, and residential homes
- play workers
- teaching assistants (with disabled children)
- occupational therapy aides.

This cluster created some difficulties for the respondents. Although one respondent suggested *'I can see why it's put together in that it's kind of the day time place around the child's location really isn't it? The day time place of the child'* (R1); for others, it was less meaningful. One respondent suggested *'I'm trying to visualise who's on board once the teachers have gone home ... who's actually in face-to-face contact with the children? ... I don't know whether it would be teaching assistants or other people ... I just don't know, really'* (R15). Another noted that there was lack of a 'natural join' between family centres and schools or a *'split between education and care'* (R1). Others simply commented that they felt that this group had been put together because they didn't fit anywhere else. It was described as *'a bit confusing'* (R3); *'too large and too diverse ... spreading*



*the net a little too wide' (R5); and 'a bizarre mix of roles that don't fit together ... they look as though they have been grouped together because they don't fit anywhere else' (R2).*

Of course, this impacted on whether the respondents could identify factors that made these roles fit together. Several expressed that for them this group doesn't fit together well.

### **Should any be in a different grouping?'**

When asked if any should be in a different grouping one commented that *'teaching assistants shouldn't be in there at all, it is really a teaching function, which is the responsibility of LDSS. There are obviously some grey areas – some overlap with LDSS (R11).* This view of service provision based on departmental management perhaps emphasises the split between education and care noted earlier. Other workers that respondents felt did not 'fit' included play workers and managers within residential settings. It was also noted that occupational therapists often work with children in the community or in their own homes.

### **Are any missing from this group?**

As with the previous grouping, respondents' answers to this question resulted in an extensive list including:

- learning mentors, counsellors, primary CAMHS who work in schools
- volunteers, particularly former service users
- apprenticeships – young people leaving care coming in to work placements within the organisation
- key workers, lead workers for pre-school disabled children
- playground assistants
- college staff, college counsellors and counselling services
- there is considerable lack of clarity about the role and function and job titles of EWOs and equivalents
- family support and parenting support around mental health, drugs and alcohol
- health visiting assistants
- speech and language therapy assistants
- domiciliary carers
- mentors

### **Roles that are currently important**

Roles that were seen as being important in this category tended to reflect concerns related to direct impact on the child's individual needs. So for example one respondent commented that *'counselling is becoming an important role that needs to be developed' (R3)* and another suggested *'roles working with disabled children, enabling access into mainstream services' (R14)*, while yet another said that *'with areas like sexual health and mental health issues ... perhaps more informal support roles work better at helping young people to achieve change in their lives' (R1).* Family/children's centre workers were also acknowledged as the workers who *'would be the ones that I would say are in the most direct contact and possibly therefore having the most impact' (R9).*

Therefore, for the category *schools and day care* the notion that those workers closest to the child, and not necessarily those seen as 'experts', have been recognised as one of the most important roles.

### **How might this change for the foreseeable future?**

When asked this question, the discussion here tended to be about identification and clarification of current roles within the workforce for both workers and children. For example:

*'...Some of the roles in here are quite confusing to understand, especially for new workers coming in to the social care workforce – roles need to be clearly defined so that people understand them. It is about the team, so what people's different roles are so that people understand the overlaps and that families don't have to interact with people who do too many things. And clarity about what everybody's role is, what they're there to do and what they're there to achieve. If they're working with families, there needs to be somebody who is orchestrating this and is understanding the choreography of it, because you've got the child or the family in the middle' (R9).*

One respondent suggested that there was an over emphasis on assessment rather than 'doing' and that *'one holistic assessment actually would do'*. The importance of flexibility was commented upon, and the teaching assistant role was singled out by one respondent as being particularly key for disabled children, suggesting that *'it is very important ... again it's that personal relationship'* (R1).

### **How might this group interact with staff in other sectors?**

The general consensus was that staff *should* interact extensively with parents, schools, and the wide range of health and social care agencies, including involvement in statutory review meetings (R6, R7).

*'All staff working with children have a responsibility to interact with staff in other sections, particularly they need to be able to interact with parents, schools, health and with agencies responsible for safeguarding' (R2).*

However, relationships with staff in schools were highlighted as being particularly problematic, where schools were described as 'operating independently' or 'being resistant' and 'insular'. This meant that information-sharing was not effective. As one respondent commented:

*'Some workers in this grouping will interact extensively with other staff in other sectors – especially the Team Around the Child staff. I think that if anyone is in danger of becoming insular it's the staff based in schools. Often cultures develop in schools where the Head is a dictator and this means that they deal with everything internally and don't necessarily share information or work in partnership with other agencies. This is because schools are driven by educational attainment rather than looking at the holistic needs of the child' (R3).*

*'Relationships with schools are particularly difficult to manage as they tend to operate very independently and are resistant to sharing information or working collaboratively. To bridge the gap we need to build relationships, develop culture of joint working, identify common ground and keep child focused' (R6, R7).*

### **Summary (school and day care cluster)**

In summary, the schools and day care cluster seemed less meaningful since five respondents suggested that it was a meaningful cluster, with four suggesting that it was meaningful only to "some extent". Again, there was an extensive list of potential additions. Here, the roles of significance were the workers with the most direct contact in these locations including counsellors, those in informal support roles, and family centre workers. Respondents suggested that new workers need clarity in terms of other workers' roles and professional boundaries. It was also clear that children, young people and their families need help to navigate through the multitude of workers they come into contact with. There were calls for one key person to orchestrate this. The perceived divisions between education and social care began to emerge in this category, so although there was acknowledgment that workers should co-operate extensively in this category, the schools were seen as operating in a culture of isolation and insularity which clearly would not facilitate interagency working.

## THE COMMUNITY AND CHILDREN'S HOME CLUSTER

This group consisted of:

- outreach and family support workers
- portage workers
- social work assistants
- healthcare assistants (with disabled children)
- parenting practitioners
- occupational therapy aides

### Is this a meaningful cluster?

This was seen as a reasonably meaningful cluster, with seven respondents agreeing that it was meaningful and four suggesting that they were unsure or that it was meaningful "to some extent". Again, many roles were thought to be missing. Although it was acknowledged that *'there's a difference between people who are doing a service where they are going into the child's home and those who are doing a general service in the community ... where the child comes to them'* (R12), the notion of community or venues within the community created some problems, as the same respondent suggested that *'it's so broad it doesn't make sense'* (R12).

*'To some extent it is, but it doesn't fully mirror the workforce in this area. There are hundreds of roles missing – off the top of my head – young carers support staff, drug and alcohol support workers etc. The list is currently too limited and needs to include others'* (R2).

*'I think looked after children see so many random people, really. They see nurses, and education support people, and individual education plan people, and they have the adverse and strangely unique experience of having multiple strangers in their lives that mainstream, ordinary children don't, you know'* (R15).

### The factors that make these roles fit together

It was acknowledged that these are people that often do direct work with children, but that it was also quite a diverse group, with a diverse set of roles within each. One respondent stated for example *'The ones that are there are OK. The problem is that each of these roles is very different and they don't hang together coherently – they all need different skill and knowledge sets'* (R2).

For some, this was perceived as a group of workers which did not necessarily fit in with the other categories and were described as the 'left-overs', for example, *'Well I suppose really there's very little that fits together apart from that its services for children and their families'* (R1). *'The first two groups have more in common with each other than with the third.'* (R5).

### Should any be in a different grouping?

Again, several roles were mentioned here, including parenting practitioners (R3), portage workers (R6, R7) and mentors in day care (R13), which were all described as 'specialist' or 'specific intervention' roles which, perhaps, were too specialist for this category. Outreach and family support was also described as 'a very big category' with many potentially different attachments which would impact on their suitability to be included in this category. Some outreach, for example outreach workers with youth, including sexual health or substance advice, were described as being *'in a transitional role'* (R13).

### **Is anyone missing from this group?**

Again, the respondents came up with an extensive list of potential additions including:

- advocates
- informal support youth workers
- mentors
- young carers
- support staff, drug and alcohol support workers
- occupational therapists
- enablers (disabled children)
- community workers
- peer support workers
- domiciliary care staff providing pre-school support for children in their own homes (although the regulation of these is very adult-focused)

Two roles that are normally associated with older people were also mentioned here, including home care workers since in reality there are many of them supporting vulnerable families with getting children ready for school, preparing meals, and general practical support where a parent is disabled or cannot cope for a number of reasons.

### **What sort of roles would you consider to be important currently?**

Acknowledged this as being a wide and diverse group, then, the respondents did not identify any one role as being more important than the other in this category; however, the increased responsibilities for these workers was highlighted, particularly in terms of safeguarding children:

*'I think again it's hard to say any of those jobs were more important than others from our point of view' (R1).*

*'There is an increasing amount of responsibility on staff in this grouping – they need better and more safeguarding to support them to do their job' (R14).*

### **How might these change for the foreseeable future?**

Changing social circumstances, such as the difficult financial climate, were thought to have an impact on this workforce, where, for example, a shortage of social workers would necessarily lead to the increased role for family support workers who would have to *'bridge the gap'* (R3). The need for the family support worker to *'get in there before cases escalate to the stage where they need a qualified worker'* (R3) also emphasised the stronger focus on early prevention work. The changing nature of the family unit was also highlighted as an important factor here which would impact on the workforce ability to respond:

*'I think that it is also important to acknowledge that the nature of the family unit is changing and is more complex than it used to be – step parents, mixed cultures, same sex relationships etc and the workforce needs to be equipped to respond to the changing support needs of families' (R3).*

A variety of social care agendas, including social pedagogy (R3), the personalisation agenda (R3, R4), and the 'Think Family' agenda (R14) were also considered to be factors that would impact on future services. As one respondent suggested *'Services will be driven by what people want rather than by what's available'* (R3).

### **How would or should this group of staff interact with staff in other sectors?**

Interactions with workers in other sectors were not really considered to be any different for workers in this category. Although one respondent suggested that the development of Children's Trusts and joint commissioning may have impact in the future acknowledging that *'At the moment, there is no real joint commissioning but if this started to happen, we would see the emergence of better multi-agency working in this area and roles would emerge to accommodate this'* (R4). Key issues continued to be sharing information, and working together in a child focused way (R1). It was also acknowledged that people working with adults are often in contact with children - for example community mental health nurses and substance misuse workers - and that communication in this area is crucial (R14). Issues of perceived status, role and authority and the potential marginalisation of some people in this category was acknowledged and, as one respondent suggested, *'How does one facilitate their full and proper role in assessments and decision making?'* (R13).

### **Summary (community and children's home cluster)**

In summary, this cluster was seen as being reasonably meaningful, but again with potentially many other roles to be included. It was recognised as a diverse group with potentially a diverse set of skills within each role. It appeared to be the broad nature of the term 'community' that created the grouping difficulties here, and for some respondents this appeared to be a category of workers 'left over' from the other categories. Some roles were also seen as being 'specialist' (such as portage workers), and so despite their clear role in the community, for some there was a feeling that they did not naturally fit in this category.

Acknowledging this as a wide and diverse group, then, the respondents did not identify any one role as being more important than the other in this category. However, the increased responsibilities for these workers was highlighted, particularly in terms of safeguarding. Changing social circumstances such as the difficult financial climate, the changing nature of the family unit, and a variety of social care agendas such as personalisation, 'Think Family' and social pedagogy were thought to have a potential impact on this workforce in the future.

## B) THE KEY PURPOSE and FUNCTIONS

The second part of the interviews focused on the functions of an identified key purpose for the social care work force which were based on the areas from the children's network functional map (see Appendix 4). The list of functions included:

- A. Develop and implement responsive, outcomes based service plans
- B. Promote equality, participation and the rights of children and young people
- C. Communicate and maintain effective relationships with groups and individuals
- D. Safeguard children and young people
- E. Work in partnership with other agencies and individuals to ensure outcomes focused integrated working
- F. Promote the wellbeing of children and young people to help them achieve their potential.

For each of the functions, the respondents were asked to consider the **knowledge and skills** required of the children's social care workforce that relate to each, and the **sort of training, preparation or qualifications that would be required to address the function**. Unsurprisingly, perhaps (given the wording in the functional map), there were several overlaps in the responses.

In terms of training, preparation and qualifications for each case, the answers could be broadly themed into:

- content specific to each function
- educational approaches that traversed each of the functions

Some respondents also made references to the overall strategic direction. The report considers each function separately. However, the respondents were also asked the question 'is this kind of support currently available?' This yielded very similar responses for each of the functions and so these are reported as a whole in a separate section.

### **Function A: Develop and implement outcome based responsive plans for children, young people and families**

#### **Knowledge and Skills**

The responses to knowledge and skills for Function A raised three main themes. The first was the ability to work with the notion of a service that is 'outcomes based' including the limitations of this and the ability to work outside it when necessary. The second aspect focused on complex communications with families and organisations, and the third aspect related to the most fundamental aspects of childhood, most notably child development.

Respondents highlighted the importance for staff to '*understand outcomes as opposed to outputs*' (R4) or the difference between outcomes and outputs (R2) suggesting that '*outcome identification and recognition is a real knowledge gap*' (R2). It was acknowledged that there were several higher level skills associated with this, for example the ability to analyse information, to be able to define achievable outcomes and have the ability to record and measure progress in relation to this (R2). Another respondent mentioned '*the need to have skills in evaluation and identifying evidence and research skills ... to identify what works and to feed ideas in and at management level*'. (R1). Skills were also required for '*strategic planning to be able to undertake planning days*' and '*knowledge of planning methodology*' and '*an understanding of the skills required to ... do that in a way that involves ... the child or the family*' (R1).

It was also acknowledged that there were limitations to the concept of 'outcomes-focused'. For example, one respondent stated '*I think you need to have a realistic concept of what it means to have outcome focused services ... and times when it might be inappropriate to focus completely on outcome*' (R1).



One respondent highlighted the notion of the tension between this approach and *'the holistic concept of parenting in the long term – including commitment, intimacy and belonging – a trajectory into the future. You can try to make this an outcome – but it doesn't really do it. The outcome concept doesn't capture it ... outcomes against educational attainment can work but providing permanent alternative families? This is very different. Quite a lot has been done around foster carers, but what is missing is the knowledge that the child wants a parent rather than an outcome. We need to keep faith with the child's experience, they are not interested in competency* (R8).

The second aspect of Function A focused on complex communications with families and organisations. Emphasis was placed on the importance of *'knowing your place and purpose in the organisation'* (R12) including negotiation, agreement with the family and agreement with the child. It was recognised that this requires *'skills for participation and negotiation ... and clarity about what their organisation and partners do ... what positive outcome for this family could be ... and how to do that work when there isn't agreement'* (R12). Here, knowledge about children's educational plans, assessments and how to recognise progress were considered fundamental, which included knowing where to get information and how to get it in a confident and competent way. This was linked to the Team Around the Child approach (R6, R7).

Generic planning skills were also seen as being important, including knowledge about what is available and how to access other services. Good grounding in legislation and policy, and basic principles of children's human rights especially in relation to asylum seeking children were also seen as key. It was noted that this should be linked to everyday practice in their own working environment (R3).

The third aspect related to the most fundamental aspects of childhood, including child development. As one respondent suggested: *'First and foremost people need to like and enjoy children'* (R10). It was suggested that *'workers need a comprehensive knowledge and understanding of the service user group that they're working with, the children. This includes an understanding and knowledge of children from basic child development'* (R9, R14, R8, R10), both normal and abnormal development theories (R8), being *'skilled at recording and differentiating opinion from fact'* (R14), and translating findings into an action plan (R8).

## Training, preparation and qualifications

### Content

The learning **content** for Function A mentioned by respondents included issues such as recording and report writing, legal and policy context (R2) how to fill in a CAF (R14). However, it was acknowledged that *'The focus [of training] must be the child's experience. It is the translation of knowledge and skill into the child's experience of contact with a professional that supports/enables/challenges/respects/develops the child emotionally, socially, educationally'* (R13).

### Approaches

However, in terms of **educational approaches** the main concern seemed to be related to *where* the learning might take place. There were concerns expressed here that training should not take people out of the workplace – rather the workplace should provide opportunities to develop relevant skills. There was a clear call for work-based learning using case examples or real life scenarios (R3, R2), where people could access *'practice, guidance, and feedback from others'* (R14), for example by using supervision clusters (R10) or through direct observation of *'a range of children in different circumstances ... to get better at understanding them'* (R13). It was suggested that:

*'The main problem with training is that it takes people out of their workplace and gives them lots of new information, but the important thing is how they apply it in their own job'* (R3).

There were also comments related to the training or educational methods. There was a real hunger for a mixture of approaches including on-line and web-based learning as well as a coherent (FULL REPORT V1.0 – JULY 2010)

infrastructure and rigorous assessment. A variety of learning methods was also put forward including case examples, supervision clusters, free online materials, regional training and consultancy support (R8).

However, whilst supervision was seen as being critical it was recognised that it was not happening across the board at the moment, and that there was a need to *'skill supervisors so that they are confident in what they are doing and this will set the culture within the workplace'*.

It was also acknowledged by seven respondents that, although a purely academic route is not desired (R8), learning needs to be ongoing with an option to build credit as the learner goes along (R10). This learning should be evidenced and accredited through NVQ routes (R6, R7). It was also noted that there is a need for more rigorous assessment processes (R8). As one respondent stated, *'It's worrying that anyone can just call themselves an advocate without having a supervision framework in place – that needs to change'* (R10).

There was an awareness of the massive range of accreditation, training and qualifications across the board. The types mentioned included NVQ, GCSE and basic induction training, and foundation degrees. Some respondents also commented on expected academic levels with a minimum of level two at induction, through to foundation degree and above. *'You do need people at all levels ... but at an absolute minimum to come in as induction level two and then work up to level three is what I would say'* (R9).

### **The strategic direction**

One respondent commented that a strategic direction is needed that is *'really clear from the start or the service and the workforce will struggle to be outcomes-focused'* (R4). It was also suggested that the children's social care sector would benefit from *'a 'universal outcomes measuring tool' that can be adapted for all our work with children ... with nationally recognised outcomes measuring tools ... that have been nationally evaluated'* (R4). This respondent suggested that *'the key to being outcome-driven lies within the organisation and the culture. It is not a qualification or training that is needed; it is a culture change'* (R4).

However, this same respondent suggested that the situation is improving because some organisations now implement electronic case recording systems that allow them to select outcomes and report distance travelled (R4), suggesting that organisations need local and central investment in outcomes. This work needs to be backed up by case file audit and scrutiny to ensure that work on the ground is outcomes focused (R4).

One respondent suggested that *'qualifications are a long line away from skills development and training'* (R15) and that qualifications frameworks need not take over from skills development.

## **Function B: Promote equality, participation and the rights of children and young people.**

### **Knowledge and skills**

Specific knowledge and skills mentioned here included what was again described as 'basic' knowledge. This included the important understanding of children's development needs together with an understanding of the theoretical base of what might constitute 'rights' (R2, R9), including the UN convention on the rights of the child, current legislation, and national minimum standards (R8). It was suggested that staff also need a general understanding of the principles of diversity and equality (R9). Essential knowledge and skills included good communication skills, and an understanding of the different methods of engagement. Staff need to understand the difference between 'doing for' and 'enabling' (R6, R7).

It was suggested that *'participation seems to be on the back burner as a result of organisations needing to prioritise other things like safeguarding and outcomes implementation. We need to use young people more in recruitment, selection and tenders as this is effective'* (R4), and some respondents highlighted how they were trying to embed this in their organisations in a meaningful, rather than tokenistic, way (R9).

Many of the respondents suggested that this function was closely connected to the notion of professional values and organisational culture (R4, R14, R9) and *'not necessarily about skill and knowledge'* (R14) suggesting that *'the right attitude is important – treating people with respect and dignity is very important. They need to be able to support children to express their views'* (R10). It encompassed a good understanding of not just equality but discrimination and depression, power and abuse and *'the ability to challenge effectively... to be effective at participation and advocacy in children's rights you need to have advanced skills in negotiation and mediation and dealing with the complex'* (R1).

### **Training, preparation or qualifications required**

In terms of Function B it was noted that measuring this as an organisation is a struggle (R14) and that it tends to be monitored *'via complaints and service user satisfaction surveys'* (R4) and a recognition that improvements could be made in terms of collating and analysing this information (R4).

#### **Approaches**

Six respondents acknowledged the benefits of formal qualification routes or accredited training (R2) to make it more attractive and meaningful for staff. This included progression routes for those who enter the workforce with little or no training, including service users who may be empowered by the opportunity to gain qualifications, and who, it was acknowledged by many, are often working with the most vulnerable (R1). As one respondent commented:

*'I think there's some very good, for example, "care experienced" young people who probably have no qualifications at all, not even a GCSE who make excellent care workers, excellent advocates, excellent mentors, excellent play workers and you've got to start them with basic skills, they probably haven't even got maths or English ... you can put together units from a whole wide range to create a very person centred qualification for a learner, an adult or young person. I think you could do that for social care roles. They are all built on the common core but you interpret each level and you add in things that are going to be skills that a young person or that person that is bringing ... to say if you've got a foster carer who is bringing their parenting skills and may be something that is part of their experience rather than something they do academically, that you can credit it back in some way for a unit, you're not expecting them to go and do the same units you'd expect the manager of a family centre to do which is kind of more what it feels like at the moment'* (R1).

There were also calls for a slant towards experiential learning and training resources that are available, accessible and free.

There was some consensus that this was a fundamental area that required some input to enable it to be embedded in, rather than bolted onto, professional training. This would require *'enabling champions on the ground'* (R6, R7). As one respondent stated: *'it's not a subject in itself because it's a way of working'* (R9). It included participation, as respondents suggested: *'we need a strong message from government that we must enable children to participate in their own care plans. This needs to be appropriate to their needs, age and understanding'* (R8, R1).

**Function C: Communicate and maintain effective relationships with groups and individuals****Knowledge and skills**

Specific knowledge and skills mentioned again included essential skills for professional interactions such as listening skills, building relationships, networking (R2, R10, R8, R9, R1), an ability to understand individuals, communication and relationships, professional language (R3, R8, R9, R1, R4), and 'emotional intelligence' (R14). *'An ability to establish a relationship ... warmth and empathy are absolutely key... and the ability to listen is a very underrated quality ...this is the heart of a lot of things, and why things go wrong ...'* (R9): this is the heart of the matter. There is a whole range of skills that staff currently have little training for, such as their ability to communicate about what really matters to children, especially around their emotional wellbeing, which takes some sophisticated skill (R5). Attitude was seen to underpin this (R6, R7).

There were also several skills related to working as a professional such as *'understanding boundaries, handling conflict, operating as a professional, dealing with conflict and negotiating skills'* (R14) or *'opportunity led work – most purposeful work with children does not happen in formal interviews, but practitioners need the skills to pick up opportunities for communication that arise in everyday life ... like car journeys etc ...'* (R5).

However, the fundamental skills of listening and communication were also described by many in terms of levels of depth, often with a sense that high level skills in this area are undervalued or underestimated. Again, these respondents emphasised the importance of the values and culture of the profession being embedded from the start, suggesting that to be effective in any of the areas mentioned is only possible if the underlying values are there in the individual. For example:

*'You can't to start to look about competence if you can't negotiate and be participative. These interventions are therapeutic in their own right ... working in a participative way ... it's one of the ways ... not the only... one of the ways you get engagement. I think though that it's trickier in families work than it is in any other kind of work ... you've got a child, you've got a social construct about children's rights and also children's forces and you've got parents ... it's about how do you juggle those competing needs and competing views. So I think it's highly skilled work required of universal services, and it is under estimated'* (R12).

*It is the emotional dilemmas that continuously come up in working with children, for example should children know why they are in care, should we be honest or maintain a fiction? But why am I adopted then? Complex practice issues. Intense emotional complexity, not outcome or competency. Outcome and competency based frameworks don't do this ... relationships have qualities and meanings beyond the concept of competency'* (R13).

*'At a deeper level, I think it's the concept of synergy; that actually if you have good communication and good relationships with a group of people, together you will get a better outcome for a child than you would, all working as individuals. And I think that it's about real communication, and again, that goes back to values and why people are doing it ... all workers, in an ideal world, would have some understanding of their role in a child's life and the impact that any communication can have on that child'* (R9).

*'Obviously communication skills really and in addition to themed group work and one to one to work and stuff around boundaries. It's the very basic stuff about relationships ... just about people respecting each other really, children and pupils say that "we can't ever get hold of them" or "they don't return my phone call or they speak to me like I'm bad". I don't know how actually that you'd teach that in a way but I think something about values comes in to relationships maybe because you've got to look at values'* (R1).

There was some debate about innate characteristics, and skills that can be taught. There was recognition that these skills were *'critical, forming the basis of everything we do'* (R3) but concern that they were often mistakenly seen as *'innate skills in people that come with having common'*



sense' (R2). *'When people do it really well it tends to be seen [to be] because they are a natural: it is actually because they are very skilled'* (R12). Judging whether people had this skill was also discussed, with one respondent commenting: *'I think that we often assume at recruitment stage that people have this skill and this is misguided. We need to start testing at interview stage. We are only alerted to a problem when the complaints start coming in'* (R4).

*'There are some people in substantive posts that will never be able to effectively communicate. It is not necessarily something that can be learned or taught'* (R14).

## **What sort of training, preparation or qualifications do you think are required for this?**

### **Content**

Here, four respondents raised the issue of basic academic skills such as 'written skills' suggesting that *'we need a literate workforce. As a starting point people need a functional level of literacy and comprehension, with at least a basic reading age of 10'* (R8).

However, communication was seen as an essential attribute, as one respondent commented: *'you've got to enable people to look at their relationship and communication skills ... your number one call is your very basic level of communication in relationships'* (R1). Others commented that *'people have to know how to record information and how to pass it on, and to understand what's appropriate in what situation ... I do think communication in all its forms and ways and impacts is critical; so if it should be mandatory'* (R9). Others suggested that *'they need to be able to manipulate concepts and be able to communicate both verbally and in writing'* (R8). *'A guide would be useful that had the 'key principles' of communicating and maintaining relationships'* (R2). *'We need training that equips people with the skills to use a range of assorted communication techniques for kids that don't have speech'* (R8, R7).

### **Approaches**

As with previous functions, a key issue identified was the need for an investment in time, including reflection time in order to be able to develop their skills in this area. Supervision was seen as a fundamental approach to this where *'managers have an important role to play in helping workers to unpick situations that have resulted in conflict, to understand why this happened and what could have been done differently to avoid this'* (R3). Again it was recognised that staff need opportunities to learn through application (R6, R7) and role play and have feedback on their skills in this area, with managers taking time to conduct direct observations of staff (R2, R4). Again, it was suggested that service users should be involved in delivering the training to break down any divide between the professional culture which may impinge on real communication with children and young people and their families.

In terms of qualifications, the existing NVQ qualification was seen as being adequate (R6, R7), and again, a basic starting point at level 2 or level 3 was considered to be appropriate with opportunities to move up through the hierarchy (R9). One commented *'We need a qualification that recognises the role as vocational, professional and academic'* (R8).

Importantly, for this function several respondents identified the necessity to identify the skills at interview and re-route those without the skills. One suggested that *'people with the core skills need to be identified at interview stage: recognise potential. If it becomes apparent at induction stage that they don't have the emotional intelligence to effectively communicate, they need to be identified and rooted out of the organisation'* (R14). Another suggested that *'We have to accept that for some people, this is beyond their development and we have to acknowledge this sometimes and deal with it'* (R4). *'Above everything we need to establish people's value base at the interview stage as this influences how they work in practice'* (R6, R7).

**Function D: Safeguard children and young people.****Knowledge and skills**

There were two themes running through these responses. The first was about specific skills related to safeguarding which was described by three respondents as “the basics”. These included recognition of the signs, symptoms and impact of physical, sexual abuse and neglect; how and when to respond; and protocol and procedure which included safe professional practice. Overlaps in responses included “knowing who to tell” or “having the confidence to share concerns” Seven of the respondents made reference to the need for a set of core standards or a common induction. The second theme gave an indication of much more complex communication skills and confidence than was identified in the other functions. This function also points to values which underpin understandings of safeguarding from the child's perspective; anti-bullying approaches; a positive attitude to disabled children; and awareness that thresholds for intervening when a disabled child is in need are too high.

**The basics**

‘The basics’ included recognition of the signs, symptoms and impact of physical, sexual abuse and neglect; how and when to respond (R1, R6, R7); and protocol and procedure (R2, R14), which included safe professional practice (R14). Some of this though, was recognised as being a complex issue. One respondent acknowledged that *‘it is evident what is needed, but are they able to pick up clues from everyday life and act appropriately in response to those clues?’* (R5), highlighting that this is an area requiring high levels of personal skill. Accurate recording was also seen as a fundamental skill.

This function also raised issues of values that incorporated understanding safeguarding from the child's perspective (R13), anti-bullying approaches, a positive attitude to disabled children, and understanding thresholds for intervening when a disabled child is in need are too high (R6, R7).

Safeguarding issues also raised more specific issues such as managing conflict and whistleblowing. As one respondent suggested:

*‘Safeguarding is not always picked up if the incident/situation is going on within a foster placement or within residential care. It is important that safeguarding concerns are picked up and acted upon wherever they present and whoever is potentially the perpetrator’* (R2).

**Confident communication with other agencies**

An understanding of other agencies' roles and responsibilities was seen as important, and again this was connected to effective communication skills (R3, R6, R7), but it was acknowledged that *‘Process and protocols often hinder partnership working and people need to stop using the jargon that only their organisation understands’* (R3).

The respondents suggested that a key issue is that staff know where to go with concerns and that they are confident to share information and share their concerns (R6, R7, R2). One suggested that staff lack confidence due to gaps in training and this causes them to hesitate or fail to take action when it is needed (R2). Understanding an individual's role and having a sound knowledge of local professional networks, as well as sound professional connections that instilled confidence in the ability to share information, was seen as fundamental. As one respondent stated:

*‘It's about getting a bit of information for yourself ... not just about awareness but about having the confidence to make that contact ... some people will just do it because they're good at it but other people say ‘Oh, I couldn't ring them up’ or whatever ...’* (R12).

**What sort of training, preparation or qualifications do you think are required?**

One respondent suggested that *‘There is a big assumption that people know how to safeguard children and that is not always the case. The challenge is up-skilling the workforce to be able to do this’* (R4).

**Content**

In terms of content, potential issues included 'core' safeguarding issues, health and safety training, medicine administration, and dealing with complaints (R14, R6, R7). Several respondents called for a set of safeguarding standards (R1, R4) or a specific module that includes issues for disabled children (R6, R7). Safeguarding training was described as currently too basic (R4) which whilst useful on induction, should be available in an ongoing 'refresher' format (R4) at tailored levels (R4, R3) and again, real case discussions with real relevance were requested (R4, R3).

**Approaches**

There was a call here for multi-agency training, and a suggestion that the common core approach is a good start where *'a common spine of training with the flexibility for training could be adapted to be relevant to the individual's role'* (R3). A variety of learning methods was suggested, such as e-learning (R14, R2) or DVDs (R2). There was a suggestion that staff need to have access to technology and work books (R2). Again, work based learning, team discussions and opportunities to reflect with effective supervision were seen as fundamental (R4, R14).

Raising confidence was seen as a key issue here, and one respondent suggested that *'this calls for an open, honest and respecting relationship with your manager and the opportunity to have a dialogue with them when needed'* (R3) and that external validation of safeguarding practice was crucial (R2).

## **Function E: Work in partnership with other agencies and individuals to ensure outcomes focused, integrated working.**

**Knowledge and skills**

This felt repetitive to some respondents and there was considerable overlap with Function C which related to communication. The responses therefore included improving outcomes (R2) communication, understanding own and other workers' roles and responsibilities, transparency, team work, and understanding of the Team Around the Child approach (R1, R6, R7, R14, R9). There was some recognition that the number of people who can be involved can be up to twenty or thirty which means that the interagency issues can be significant (R13).

One theme that emerged from these responses was the potential conflict, complexity and difficulty involved in this function. As one suggested, *'it is very easy to talk about this but outcomes, as we know, are very difficult ...'* (R9) and another suggested that *'it is much more difficult than just do it'* (R13). The results, as one respondent suggested, *'sometimes you won't know for some years... but what you do know is, that negative things that happen can have a lifelong impact on children...'* (R9).

Respondents also highlighted potential barriers to achieving this function, which included the reluctance of the voluntary sector to challenge commissioning because *'the power is tipped one way ... and we are risking de-commissioning of our services if we become too challenging'* (R4). There was also the issue of lack of time to build and retain relationships with safeguarding boards: *'The voluntary sector needs to show a strong presence at partnership planning forums but again, we don't always have the time'* (R4).

**Training, preparation or qualifications****Content**

Specific content for this function included training around team work, joint planning, joint decision making and joint delivery, different modules of integrated working, communication and information sharing (R1), understanding other agencies and organisations, and management and leadership training (R14).



Interestingly, this function was considered to be an issue to be addressed during induction (R9, R6, R7), as one respondent stated: *'I think it needs putting on the agenda, right on the very beginning of anybody's training. So that anybody working in children's workforce understands that they are not acting as an individual ...'* (R9), with further development in this area as the role progresses (R6, R7).

### **Approaches**

Approaches were similar to the other functions, and included NVQ type approach that evidences learning (R14) but again, there were calls for work based approaches such as case studies (R9), where the role of the supervisor is key (R6, R7). As one respondent suggested, *'you can't learn to work in partnership in front of a computer...you have to model it'* (R9).

## **Function F: Promote the well being of children and young people to help them achieve their potential.**

### **Specific knowledge and skills**

Promoting wellbeing to help achieve potential was an interesting category. As one respondent stated *'making a positive contribution and achieving economic potential never really gets tested out until you're an adult ... I think that's a funny one to test in a way, along the way'* (R9). The complexity of this function was also apparent to the respondents: as one asked *'can we enable commitment, belonging and a family around the child? These are not sufficiently talked about. There is a mountain of paperwork, but from a child's point of view much is not relevant. They want to know who is parenting me. Is this going to last?'* (R13).

That said, there were responses that pointed to a generic content for this function. This included an awareness of child development (R6, R7, R14, R1, R9), forming relationship skills, and the safeguarding agenda. *'Understanding the psychological impact of experiences, understanding the effects of bereavement, change and loss'* (R14). *'Health, education, safer caring, attachment, the basics of child development, managing behaviour, and contact'* (R9). *'Understanding the potential of disabled children – this is different from other children. Goal setting – setting realistic, achievable goals that stretch disabled children'* (R6, R7).

### **The education system**

A major theme to emerge in this category was the fundamental issue of having a sound knowledge and understanding of the education system, including other services that support young people into education or training such as Connexions (R3). The social care role was described as needing a *'strong education focus ... and an understanding that achievement goes beyond school'* (R14).

### **Values**

This function also raised the issue of personal values. As one respondent stated: *'people are often motivated in to social care as a result of their value base and they genuinely want the best for children'* (R4). Two respondents also raised the issue of professional expectations of the service users, suggesting that these tend to be low, and that professionals need to have raised expectations of service users, be interested in their lives, and recognise their talents in order to support them to achieve (R3, R14).

It was recognised that a sense of well being *'which clearly, obviously, in the more vulnerable children is often sadly lacking for all the reasons we know because their health has been neglected and because they've been neglected and abused ...'* (R9). However, another respondent stated that *'we need to be aspirational for vulnerable and disadvantaged children ... thresholds are key here – what is acceptable for a looked after child? It should be the same for all children but it is often not'* (R14).

## Training, preparation or qualifications required

### Content

The suggested content for this function included 'ECM training' (R4), assessment and planning training, developing outcomes-focused plans, and person centred planning - 'not currently a component of training but this is important given the personalisation agenda'. (R6, R7).

### Approaches

Again, it was suggested that people also need reflective time to assess what difference they made in a child's life and recognise how they could have improved the service to them to enable the improvement to happen (R4). One respondent referenced Adrian Ward's work,<sup>23</sup> and suggested:

*'a style of training that matches the style of delivery of the service. So the kind of emotional climate of the training style or the emotional content of the training style would match the hoped-for style of service delivery. So more case-studies and live examples. It's important to have a solid framework and this is the beginnings of that, but alongside the framework there has to be the essence of "how does it feel?" It must address the notion of human experience on both sides (R12).*

*At the end of the day foster carers, have to manage the behaviour of the children they're looking after and all the rest pales into insignificance ... and I think understanding all of that [behaviour management] and achieving all of that ... the basic level is the techniques and how to do it, but at the higher level it would be about understanding yourself and what your triggers are. And the interaction between the two, from what your own attachment style is to what the attachment needs are of a child that you're looking after... (R9).*

## Would you say that kind of support is currently accessible to this group of workers? (All functions have been collated here)

The notion of inconsistent provision traversed most of the functions, although the function of safeguarding prompted many to highlight at least a reasonable provision. This was an area that appeared to have more of a focus and investment within each of the organisations.

### Function A

The majority of respondents felt that support was not available for Function A (develop and implement responsive, outcomes-focused service plans) describing the provision of support as inconsistent, variable, or patchy – depending on the organisation (R2, R3, R13, R14, R9, R1, R4, R6, R7, R8).

Although respondents recognised that some organisations deliver a range of pick and mix courses it was also recognised that there are gaps. After induction many are left to get on with it between supervision (R2), that is, if effective supervision is in place. Where support or training is available, it was described as not always at an appropriate level to meet people's needs, requiring some tailoring to the individual (R3). Local and central investment is needed. One respondent felt that the emphasis on risk adversity led to much anxiety about touch, intimacy, and what a relationship should look like in child care. This caused professionals to feel hesitant, which meant that the child's needs were not always met (R13).

### Function B

The general consensus for Function B (promote equality, participation and the rights of children and young people) was that, although some organisations supported staff in this area (R4), the majority suggested that support was not currently accessible to this group. There were descriptions of patchy or mixed provision (R1, R2, R6, R7) and this was seen as resource-intensive and often

<sup>23</sup> Ward A (1999) The 'matching principle': designing for process in professional education. *Social Work Education* 18 (2) 161-169. DOI: 10.1080/02615479911220161

neglected or overlooked (R14, R13, R10). It was acknowledged as a message from recent research (R8). There were calls for more widely available training in participation and promoting rights and advocacy. As one respondent suggested: *'I think it's only available for people who are choosing a specialist role, so participation workers and youth workers get good training in participation, advocates get excellent training and children's rights officers get excellent in rights and advocacy but the rest of the work force doesn't get it as part of their core training'* (R1). One respondent also commented that many of these roles were taken by part time staff as well as full time staff which led to accessibility and progression issues raising the question *'What's realistic for somebody to do when it may not be their main job, it may not be their only job. And they're fitting in other caring responsibilities?'* (R1).

### Function C

For Function C (communicate and maintain effective relationships with groups and individuals) the general consensus here again was that the training was either not currently accessible, or, if it was, then it was inconsistent across organisations (R8, R2, R14, R6, R7, R5, R9). In terms of opportunities to access qualification frameworks, it was suggested that *'NVQ is accessible to workers in regulated services but not across the board'* (R6, R7). Some organisations such as the VCS were considered to be *'strong on supervision and taking time out to reflect'* (R3) but in some organisations *'supervision is rushed or focuses on performance indicators and other issues'* (R3). One respondent suggested that *'assumptions are made that staff are able to do this and this is only picked up if a problem/complaint becomes apparent'* (R2) which might indicate a need for some kind of EWS. And again, the issue of service user involvement in training arose: *'I don't think there's enough involvement of the perspective of children, young people and families though. I think it can be a professionalised approach to training'* (R1).

### Function D

Function D (safeguarding children and young people) was acknowledged as a big area for development with a requirement to *'get much better at this'* (R4). The general consensus again was that provision was inconsistent, being available in some instances (R3, R6, R7), but that, in the main, support for staff with safeguarding practice was varied (R4), with some workplaces, such as the statutory sector, doing well, while others were weak in this area (R2, R13). Most respondents were able to comment on their own organisation's provision but were unsure of others. One suggested that corporate training within their organisation for safeguarding issues was not always adequate as the effort was put into plugging the gaps rather than strategic planning (R14), whilst another suggested that most get basic training in this area particularly when a new service is set up (R4).

Safeguarding training was also described as piecemeal by one respondent, *'half days here and there'* which needs to be *'regularly updated and refreshed... because it does change. So, for example, with foster carers that's particularly relevant because that's an activity that takes place behind closed doors. In the privacy of homes so, foster carers are very vulnerable to allegations... they're probably one of the most at risk groups'* (R9). Many were able to highlight resource issues for KP4, suggesting that there are often many free resources but that workers often cannot find the time to access them. For example, one suggested that *'there is plenty of training on offer at the moment, and local safeguarding board offer it all free ... but there is an issue for some of those roles in actually being released from work in time in order to attend'* (R1).

Contracting was also seen as a real issue. One respondent suggested that *'it is very price driven and that means that the successful organisation usually employs the cheapest staff – the ones that are least qualified and trained in this area'* (R4).

### Function E

For Function E, (work in partnership with other agencies and individuals to ensure outcomes-focused integrated working) accessibility of training was again described as inconsistent (R14, R1) or unavailable (R13), although two respondents suggested that it was available in their organisation (R6, R7). As one stated: *'there's been quite a lot of material produced which is all on the ECM website ... but there isn't as much training being offered at a very local level. The*

*categories of workers that we are looking at have not necessarily been able to find out about the training that's being offered and attend it' (R1).*

### **Function F**

For Function F, (promote the wellbeing of children and young people to help them achieve their potential) the provision of accessible training was again seen mainly as sparse or inconsistent (R14, R13, R6, R7, R4) depending on the role (R1). It was suggested that apart from adoption, the frameworks don't really reflect this (R13). The only exception to this was an acknowledgement that fostering services are inspected along those lines with the ECM outcomes. One organisation (Fostering Network) *'has a range of material ... which covers health, education, safer caring, attachment, the basics of child development, managing ... or behaviour, and contact' (R9).*

### **Summary (Children's Workforce Network functions)**

In summary, the accessibility of training for each of the six functions was thought to be patchy and inconsistent across the board. Although one or two organisations provided materials related to specific functions, it was acknowledged that there were gaps and there was little knowledge about what was produced by other organisations. Many were aware of materials available on the ECM website but these (and other on-line resources) were viewed as generic or 'catch all' materials rather than materials tailored to a specific group of workers or indeed a specific level of worker. It was acknowledged that for many of the functions, effective learning required approaches such as reflective practice or supervision that were not always given adequate time. One of the main issues was the lack of time for any group of staff to access the materials, which was problematic.

### **Vulnerable children such as those with a disability or mental illness**

The respondents were then asked to reconsider the question of knowledge and training for the functions **with specific reference to vulnerable children** such as those with a mental illness or disability to see if they would add anything.

This was again collated across all of the identified functions. It was acknowledged by most of the respondents that children living away from home are all vulnerable. However, as one stated:

*'if you look at children in care ... then actually a high percentage of them have what could be defined by themselves or other people as some kind of disability, which often goes unrecognised. There is a whole raft of things that you need to consider' (R9).*

Some of these issues mirrored the issues raised for all of the children that come into contact with social care workers, for example communication, engagement (Function A, R2) and effective interagency working (Function E, R1) in addition to safeguarding issues (Function D, R9). As one suggested:

*'I think there is a case for special needs training and in actually handling the safeguarding issues. Once a safeguarding issue has been identified how do you then carry on working with that child or young person and how you support them? ... Generally the whole process is quite a negative one and I think you could do more in training to help all of the different roles to understand how best to support a young person once concerns are identified' (R1).*

There were also calls to build 'the basics' into a common induction for staff working with disabled children (Function D, R6, R7). But in addition, it was highlighted that, for vulnerable children such as those with a disability, *'people need to know what high levels of need look like so that they can recognise them early' (Function C, R8).* As one respondent maintained, *'for this group of children, speed is the key factor here' (Function B, R8)* emphasising that staff need to be able to recognise problems and needs early and act quickly.

However, the theme to emerge most powerfully from these responses across many of the functions was the importance of child-focused working for children with disabilities (Function B, R1; Function F, R1; Function D, R5). As one commented:

*'I think that the other training needs we would identify actually for all of the key areas is the ability to work in a child focused way, they really need child friendly skills to be child focused. It is particularly important for vulnerable children and young children because they are the ones that often don't have their voice heard at all (Function A, R1).*

This was described in some depth by one respondent who highlighted the importance of 'connecting' when discussing the function of promoting the wellbeing of children and young people:

*'What I would try to bring to the table is words like empathy, the children's emotional experience, the family's emotional experience, and having a perception of that ... to be able to imagine the experience of the other. That's important for anybody coming into contact with children and families. So you can see that this child is unhappy and possibly angry, too, as is his mother, therefore, in that knowledge, perhaps I need to listen to or hear some of that before I even begin to negotiate and develop contract agreements or whatever' (Function F, R12).*

### **Summary (vulnerable children)**

In summary, most issues for vulnerable children mirrored the needs of all children who come into contact with social care agencies. However, there is a need for workers to be able to recognise higher levels of need and understand the crucial nature of speed in these circumstances. This should all be undertaken within a child-focused set of values and approaches.

## **APPENDIX 3: Findings from Phase 3**

### **ESTABLISHING THE POTENTIAL CONTRIBUTION OF GRADUATES TO THE CHILDREN'S SOCIAL CARE WORKFORCE**

**Objective: Build on the mapping from phase 1 and the identification of role constitution and preparation in phase 2 to establish the current and future desired contribution to social care by graduates. Establish through an online survey and consultation events the current location, levels and types and roles of graduates in the workforce and where they are most needed.**



## Questionnaire Survey

### Response

95 started.

53 (56%) completed (i.e. went right through to the last question).

The first questions requiring more thought and free-text answers reduced the response rate to 69%. However this rose again to 76% response rate for question 9 which asked for rating of important attributes of a graduate (according to the Framework for Higher Education Quality criteria<sup>24</sup>). Question 11 asked about the location of volunteers with a degree and appeared to confuse or demotivate response from that point. Almost 50% skipped this question.

A question specifically about graduates working with disabled children was poorly answered, with 59% offering no response.

The final question (question 24) asked whether on balance a planned graduate role should be introduced into this part of the workforce. Only 50 respondents (52%) offered an opinion, but of this number, 84% were in favour.

Please note the reported sample size for each question fluctuates due to questionnaire design.



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<sup>24</sup> <http://www.qaa.ac.uk/academicinfrastructure/FHEQ/EWNI08/#p4.3> [Accessed on 15 April 2010]  
(FULL REPORT V1.0 – JULY 2010)

## First of all, about you

### 1. Please tell us what your job title is (n=95)

The responses are presented here in alphabetical order as expressed by the respondents and ordered by their expressed fit with the three staff groupings.

#### Those who work with children living away from home

Assistant managing director	Placement support worker
Care team leader	Project coordinator registered manager
Chief executive officer (2)	Project manager
Deputy manager (3)	Registered manager
Deputy manager fostering team	Residential support worker
Development worker for foster care	Residential worker
Director (2)	Senior family placement social worker
Director of private ltd company	Senior practitioner
Family support worker	Social worker
Foster care training and development co-ordinator	Staff development officer
Head of children's social care	Supervising social worker
Human resources manager	Team manager (4)
Independent social worker	Team manager fostering
Learning and development adviser	Training and development officer
Local manager, looked after children	Training officer
Operational support leader	Workforce development officer

#### Those who work in schools and day care provision

Chief executive officer	Education welfare officer
Early years worker	Project coordinator
Education officer	Senior practitioner

#### Those who work in the community, particularly in the child's home

Assistant executive director	Lecturer
Assistant head of children's services	Mentor volunteer
Assistant team manager	Nurse lecturer in child health
Children's centre leader	NVQ internal verifier co-ordinator (2)
Connexions personal adviser	Organisation development manager
Deputy manager	Practice research officer, children's social care
Deputy team leader	Professional development manager
Executive PA	Project officer
Family court adviser	Residential child care manager
Family placement support worker	Retired team manager social services
Family support outreach worker	Safeguarding officer
Family support worker (2)	Senior L and D officer
Foster carer (2)	Senior lecturer
Head of care	Senior national officer
Head of learning and development social care	Senior practitioner
Head of policy	Senior research and policy officer, Wales
Head of services for families	Service manager workforce planning and development
Higher and further education development officer	Social care L and D advisor for CYPS
	Social worker (5)

UNDERSTANDING THE CHILDREN'S SOCIAL CARE WORKFORCE

Senior social worker (2)  
Staff and workforce development officer

Supervising social worker

The responses indicated that a broad range of individuals had participated, including several sections of the children's workforce, representatives of the private and voluntary sectors, and differing levels of seniority.

**2. Please tell us what your role is (n=93)**

Some indicated that the role was identical to their job title. Two respondents declined to provide an answer.

- Child protection social work
  - Children and families social worker (2)
  - Children and young people's workforce strategy
  - Children's carer in a residential unit
  - Children's guardian
  - Children's social worker (2)
  - Conduct audits and small scale research projects with the aim of improving practice
  - Coordinating and managing a children's bereavement support service
  - Coordinating NVQ requirements and assessment across the North of England, management and quality assurance of NVQ delivery, training assessors.
  - Co-ordinator of a multi-agency team for looked after children, lead officer for recruitment of social work staff, strategic planner etc
  - Delivery of Sure Start Children's Centre Services
  - Deputy manager children's home
  - Design and deliver qualitative research into children and young people's issues to influence policy at a national level.
  - Developing, commissioning and planning training for the children's social care workforce
  - Devise and implement training programme for fostering and adoption service
  - Education social work
  - Head of children's social care
  - Head of policy
  - Heading work of charity for fostering and education
  - I head a company providing residential and foster care; education and therapeutic intervention for 'looked after' children
  - I work for a private fostering agency supporting foster carers and the children and young people placed with them. My main role is to ensure that all foster carers have a support plan which outlines the support required to ensure the longevity of a placement, these are updated monthly with who is responsible for carrying out the work. I work individually with children and young people and in groups. I am involved with birth children's support groups and foster carer support groups. I supervise contact visits, help with transport to therapy sessions, attend looked after children's reviews and education meetings. I support/ mentor foster carers through CWDC and have recently undertaken ASI (Attachment Style Interview) Which measure attachment styles in adults. This contributes to the approval process for prospective Foster Carers.
  - Intensive support for young people
  - LA parenting commissioner /parenting support services
  - Lead officer for workforce strategy
  - Leader of independent residential childcare and education provider
  - Lead professional: children in care team
  - Locality support
  - Long term foster carer for children with severe learning difficulties
  - Looked after children team
  - Manage a children's Home, small team of sexual health workers, offer placements for social work students as a practice teacher/supervisor.
  - Manage a local authority fostering team
  - Management of social care servicers
  - Manager
  - Manager of children's home
  - Manager within voluntary adoption agency
  - Managing a team of social workers who supervise foster carers
  - Managing L and D for social care and social workers
  - Managing residential provision
  - National Trade union official
- (FULL REPORT V1.0 – JULY 2010)

Overall charge of the company

Overseeing a residential childcare organisation to support, supervise, advise and train foster carers

Overseeing childcare and educational provision in our homes

Part time external verifier child care and adult care health and social care at all levels and youth work

Produce learning and development programme for children's social care including foster carers

Promoting, explaining and challenging the areas around the Post 16 agenda and RPA

Provide a high level of support to Director of Finance and Company Secretary and also CEO Team

Provide HR function in small children's home provider

Provision of Training Courses for Foster Carers and Fostering professionals.

Quality assurance of NVQ process; L and D advisory to staff and project managers

Responsibility for three small children's homes

Responsible for children's social care

Run and set up playgroup and crèches, outreach work, support the early years team and a volunteer

Safeguarding children

Safeguarding policy development

Senior practitioner: child care social worker

Social work lecturer placement co-ordinator

Social work roles within a LA children's services for children with disability team; undertaking initial assessments, core , LAC reviews, co-ordinating services, prepare and put in action children in need service plans; undertaking duty calls and tasks; present children and young people's needs to the panel; report to manager; working as a part of a team.

Strategic lead on education outside of school hours

Supervise five members of staff, hold small caseload. Contribute to recruitment, training, assessment and support of foster carers.

Supervising S/Ws, FSWs decision making on cases, attending meetings, working with students.

Supervising Social workers, chairing meetings also involved in the recruitment of new foster carers.

Supervision and limited management responsibilities in fostering.

Supervisor

Support and supervise foster carers

Support of foster families

Supporting children and families

Supporting development of children's social workers

Supporting families open to social care under Sec 17, child in need.

Supporting Foster carers and children

Supporting the L and D needs of social care staff

Team leader

To assist families in support of their needs

To lead a team of residential child care officers

To look after the children from 0 to 18

To manage a short breaks children's home for disabled children

To manage an independent fostering agency

To manage team resources, delegation and workload management, performance and appraisal, supporting staff, ensuring every looked after child has a plan for permanence.

Trainer/NVQ Assessor and verifier for foster carers and staff in children's homes

Training and mentoring staff and care providers

Training facilitator

University teaching

Various roles

Various, predominantly in fostering and advocacy

Volunteer with children on the at risk register

Workforce development

Workforce development and planning

Working with care leavers and child in need cases

Working with whole family approach

Young people leaving care

**3. What organisation do you work for or represent? (n=93)**

(You can describe the sort of organisation if you prefer, but we will report only on the number and variety of organisations without linking any specific individual's answers to this data.)

**14 respondents worked for charities**

Action for Children (4)	Shared Care network
Adoption Matters Northwest	SOVA charity
Barnardos	Bryn Melvyn Care
Children's charity	Kingston Bereavement Service
Family Action	UK-wide national children's voluntary organisation
National children's charity	

**8 respondents worked for private companies (more in fostering and Connexions)**

Family Care Associates	Evolution Children's Services
Full Circle Care	Pathfinders (Childcare) Ltd
The Millers 'Homes for Children' Ltd	Plus one (South West) Ltd
Private provider of small children's homes	Priory Education services

**52 respondents worked for Local Authority/County Council**

LA Children's Services with a Children's Integrated Disability Services Team	Nottingham County Council
Central Bedfordshire council	Thurrock Council
City council (4)	West Sussex County Council
Cumbria County Council Children's Services (3)	Local authority (21)
Surrey County Council long term children's team	Social services (2)
N Yorkshire County Council children's social care	Children's Services (3)
Derbyshire County Council	LA SC
Hertfordshire County Council	CAFCASS
Liverpool City Council	Statutory agency
Middlesbrough Council	Children's social care
North Somerset Council	Social care (2)
Northamptonshire County Council	

**2 respondents worked for Connexions**

Connexions Somerset	Medway Youth Trust Connexions Service
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**8 respondents worked in fostering services or agencies**

Families@FamilyCare private fostering service	Independent fostering agency
Fostering disabled children	Independent not for profit fostering agency
Fostering services (inc IFAs)	Local Authority fostering team (2)
	Safehouses

**3 respondents had school backgrounds, with an emphasis on disability**

Non-maintained residential special school  
 Working with looked after children and children with SEN statements  
 Residential School

**3 respondents were from universities**

School of Nursing	University (2)
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**4 remaining respondents**

Children's Centre	UNISON
Children's Workforce Development Council	City and Guilds



**4. Which of these specified parts of the children's social care workforce most closely fits with your field of expertise and experience? (n=88)**

Those who work with children living away from home	46.6%	41
Those who work in schools and day care provision	6.8%	6
Those who work in the community, particularly in the child's home	46.6%	41

Clearly, comparatively few responses were gained from those whose own field was in schools and day care.

**5. Are you a graduate? (n=91)**

Yes	71.4%	65
No	28.6%	26

***If you are a graduate, what degree(s) do you hold?***

Applied Social Studies	BA (Joint Hons) Sociology and Geography
B.Soc.Science (History and Social Sciences)	Bachelor of Education (2)
BA (Hons) (2)	Bachelor of Social Work
BA (Hons) Applied Social Science	BSc (Hons) Economics
BA (Hons) Applied Social Sciences	BSc (Hons) (2)
BA (Hons) Degree Social Work	BSc (Hons) Behavioural Science,
BA (Hons) English and History	BSc (Hons) Psychology (4)
BA (Hons) Learning Disability Nursing and Social Work	BSc (Hons) Social work (2)
BA (Hons) Psychology	BSc Animal Science
BA (Hons) Social Science (3)	BSc Geology
BA (Hons) Social Work (3)	BSc Health Sciences
BA (Hons) Social Work and Welfare Studies	BSc Professional Social Work Practice
BA Applied Social Studies (2)	Business Studies and PGCE
BA (Hons) in Early Years	Degree in Applied Social Studies
BA (Hons) French and Italian	Single Hons Sociology
BA Social Administration	Management
BA (Hons) Social Policy (2)	Social Policy and Administration
BA (Hons) Social Policy and Social History	Social Work (3)
BA in Sociology and Psychology	Social Theory and Institutions
	Social Work and Social Policy

***Higher Degrees Held***

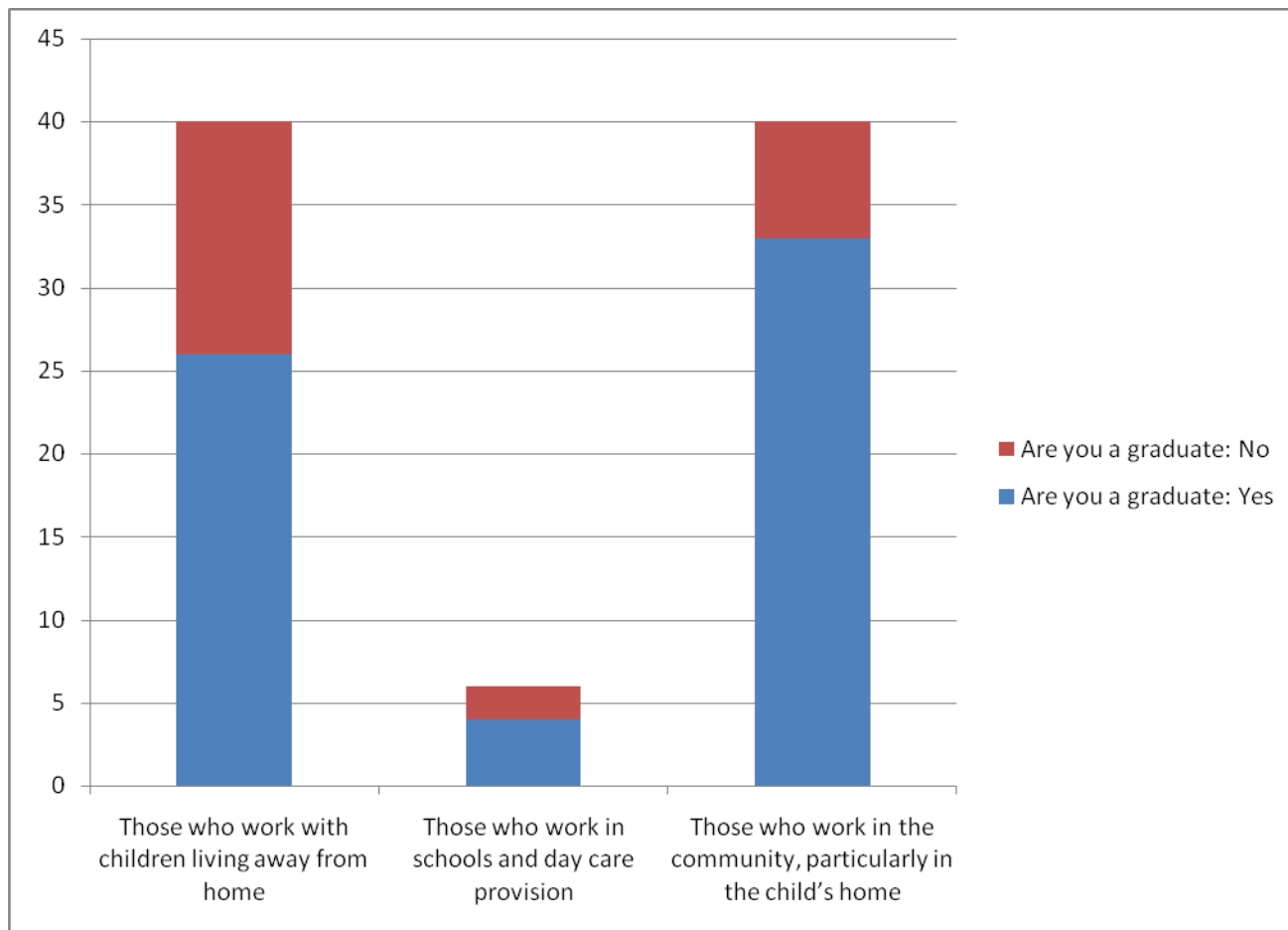
MA (3)	MA Organisational Consultancy
MA Education (Professional Development)	MA in Social Work
MA Human Relations	MA Social Policy
MA Economic and Social History	MSc
MA Adv Professional Practice in Social Work	MSc Tropical Agricultural Development
MA Social Work	MSW Social Work
	MPhil sociology

***Invalid responses***

Nineteen responses were invalid, indicating undergraduate study currently being undertaken (rather than completed), qualifications below bachelors degree, or irrelevant response.

Given that the survey sought opinions about the potential role of graduates in the workforce, it was important to ensure that responses were not unduly skewed by a gross imbalance between respondents who were or were not graduates themselves. The relatively small response from those who considered their role to fit mostly within the 'Schools and day care provision' group indicated the importance of ensuring that these responses were also representative of both graduates and non-graduates.

**Figure 2: Proportion of graduate and non-graduate respondents by field of expertise**



In all three groups graduates predominated, but the proportion of non-graduates was not such as to prevent airing of varying views. For example, in the final question, whether overall a planned graduate role should be introduced, the status of the respondent as being a graduate or not seemed to exert no notable effect.

## **Attributes needed by workers modelling expert practice in specialist or generic roles**

**Whether this relates to graduates or not, please tell us what sort of attributes are needed by people in specialist or generic roles to be able to model expert practice in the children's social care workforce.**

### **6. What areas of KNOWLEDGE would be important? (n=66)**

The most commonly suggested topic was child development (n=51).

Attachment theory was particularly noted as an essential element, while the application of child development theory to practice was emphasised. This was related to the impact of abuse and neglect, to general mental health and wellbeing, and to the effects on behaviour and family functioning.

Another topic which was repeatedly suggested was law/legal issues/legislation (n=45). This included links between law and policy and between law and standards. A number of specific aspects were identified such as the law relating to disability and equal opportunities; law in relation to social policy, application of the UN Convention on the Rights of the Child; looked after children regulation; and child protection law.

Safeguarding knowledge was considered to be important (n=19). Vital issues included knowledge of child abuse, understanding of safeguarding processes, linkage to the Every Child Matters agenda, and relationship to disability and mental health.

Communication with children and parents was identified as required knowledge (n=9), including both written and verbal communication, means to engage those experiencing difficulty communication, and understanding of the difficulty of communication in specific circumstances such as aggressive encounters.

A minority (n=3) suggested specifically that the national minimum standards for children's homes should be included.

Other required knowledge included social policy, social work theory, psychology, understanding of research appreciation, the theoretical basis for therapeutic skills, parenting and family dynamics, resources available to service users, and models of intervention.

### **7. What sorts of SKILLS would be important? (n=66)**

Communications skills were the most frequently reported item. This was seen to involve communication with children and young people, adult service-users, and other professionals. Empathetic responses were part of this, as was active listening. These communication skills were held to extend to mediation and conflict-management.

Other issues which were suggested by many respondents included:

- working in partnership and team-working: (with families, and with other professionals and teams/agencies)
- analytical skills: (accurate observation and recording; decision-making; ability to work with multiple sources of evidence; report-writing; and IT skills)
- self-management, (reflection upon own values and behaviour; time management; prioritisation of tasks; separation of work from home life)
- support for others: (empathy; patience; challenging and supporting; responding constructively; counselling; advocacy)

## 8. What other PERSONAL ATTRIBUTES would be important? (n=61)

Respondents had much to offer in this field, with responses focussing on several aspects of the graduate's personal attributes:

- **Patience:** generally (12), patient and calm (2), able to cope with young people who can only make slow progress, considerate (1 each).
- **Empathy:** empathy (20), caring (3), understanding (4), compassion (2), emotional intelligence (3)
- **Effective Communication:** generally (6), listening (7), ability to talk to anyone no matter their background or education (2); able to relate to colleagues and children appropriately; communicate with a range of people; be open about culture, age, sexual orientations, religion etc. (1 each)
- **Personable:** generally (2), sense of humour (11), warmth (2), supportive/helpful (2), optimist, decent and kind but gently firm; approachable (3), sociable (2), friendly (2), pleasant, a 'people' person, life experience, polite (1 each)
- **Integrity:** generally (6), open/honest (15), impartiality (2), transparent, non-judgmental (8), fairness (2), respectful/role model respect for others (5), belief in the intrinsic value of others and social justice (2); pride in work, consistency, confidence without arrogance, professionalism (1 each)
- **Child-centred/focussed:** generally (1) child-focused and committed (3); commitment to improving the lives of children (2); commitment to individual families and children (2); ability to focus on the needs of the child and continue to do so when this is not necessarily the 'easy' option; committed to families and be solution-focussed; not to be afraid of speaking out and advocating for the people you are supporting; to have commitment and passion about what they are trying to achieve (1 each)
- **Time management:** flexibility (8), well-organised (2), time to reflect (3) good organisation and time keeping (1)
- **Decision-making/problem solving:** generally (1), quickly, flexible thinker, creative/imaginative (4), ability to be objective/critical (4), open-minded (2), practical, thoughtful and able to think quickly; able to see both sides of the story; generally curious; a critical stance; working with uncertainty; reasoning, analytical (1 each)
- **Leadership/team working:** by example; facilitating others to change; to be able to give and receive criticism constructively; open to not having all the solutions; style of professionalism which is 'down to earth' rather than frighteningly detached; work as part of a team and work in partnership; team player; commitment to a difficult job; ability to reflect and develop practice; ensure partnership working is underpinning one's practice; accept responsibility and accountability (1 each)
- **Personal strength:** resilient (13); persistence/perseverance/tenacity (5); confidence (7); ability to cope with stress (3); accepting of change (3); energetic (2); able to reflect on practice (2); self-awareness (2) can they reflect on their role in an organisation and how they carry out their job?; reliable (2); assertive (2); have dealt with their own issues; own emotional development is intact (2); hard working and able to withstand long hours and manage to cope with not completing tasks; stamina/go the extra mile (2); maturity; ability to say 'I don't know'; self-motivation; open to personal learning and development; skills sharing and learning from others; strong personality; emotional maturity; positivity; mentally robust

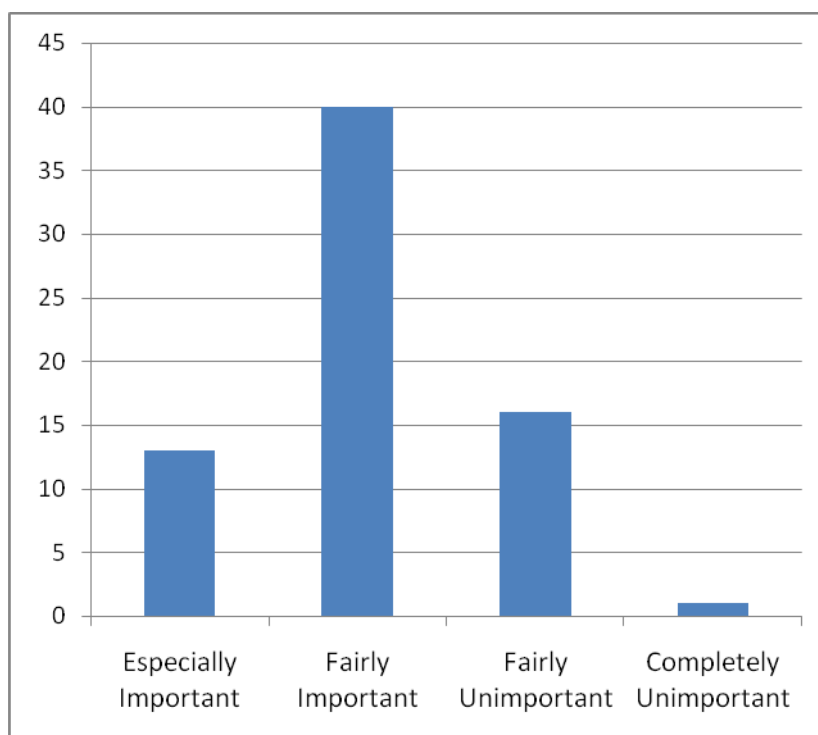
**9. How important would these factors be for graduates in such specialist or generic roles? (n=72)**

Respondents were asked to rate the importance of criteria expected of a graduate identified in the Framework for Higher Education Quality<sup>25</sup> (from 'especially important' to 'completely unimportant'):

- Ability to apply concepts and principles developed outside the field of practice to their current role.
- Knowledge of the main ways to undertake research in their field.
- Ability to evaluate the appropriateness of different approaches to solving problems in the field of practice.
- Understand the limits of their knowledge and how this influences analysis and interpretation of problems and situations.
- Use a range of established techniques to initiate and undertake critical analysis of information.
- Use the results from critical analysis of information to propose solutions to problems.
- Effectively communicate information, arguments, and analysis in a variety of forms to different audiences.
- Undertake further training, develop skills, and acquire new competence to assume responsibilities in organisations.
- Have qualities and transferable skills to exercise personal responsibility and decision-making.

All except one of these criteria were rated overwhelmingly as being *especially important* or *fairly important*. A minority (n=16) found *Knowledge of the main ways to undertake research in their field* to be *fairly unimportant* (though 53 found it to be *especially important* or *fairly important*. Other responses of *fairly unimportant* were minimal (one or two responses at most), while there was only one response of *completely unimportant* (for *Critical understanding of the principles of the field of practice*). This indicates strong support for nationally recognised attributes and abilities of graduates in the social care workforce.

**Figure 3: Responses for *Knowledge of the main ways to undertake research in their field*.**



<sup>25</sup> <http://www.qaa.ac.uk/academicinfrastructure/FHEQ/EWNI08/#p4.3> [Accessed on 15 April 2010]

**Table 2: Overall responses to Question 9**

	Especially Important	Fairly Important	Fairly Unimportant	Completely Unimportant
Critical understanding of the principles of the field of practice.	54	15	1	1
Ability to apply concepts and principles developed outside the field of practice to their current role.	35	33	1	0
<b>Knowledge of the main ways to undertake research in their field.</b>	<b>13</b>	<b>40</b>	<b>16</b>	<b>1</b>
Ability to evaluate the appropriateness of different approaches to solving problems in the field of practice.	43	27	0	0
Understand the limits of their knowledge and how this influences analysis & interpretation of problems & situations.	48	22	0	0
Use a range of established techniques to initiate and undertake critical analysis of information.	44	26	1	0
Use the results from critical analysis of information to propose solutions to problems.	42	26	2	0
Effectively communicate information, arguments, and analysis in a variety of forms to different audiences.	57	13	2	0
Undertake further training, develop skills, & acquire new competence to assume responsibilities in organisations.	50	20	1	0
Have qualities and transferable skills to exercise personal responsibility and decision-making.	52	20	0	0

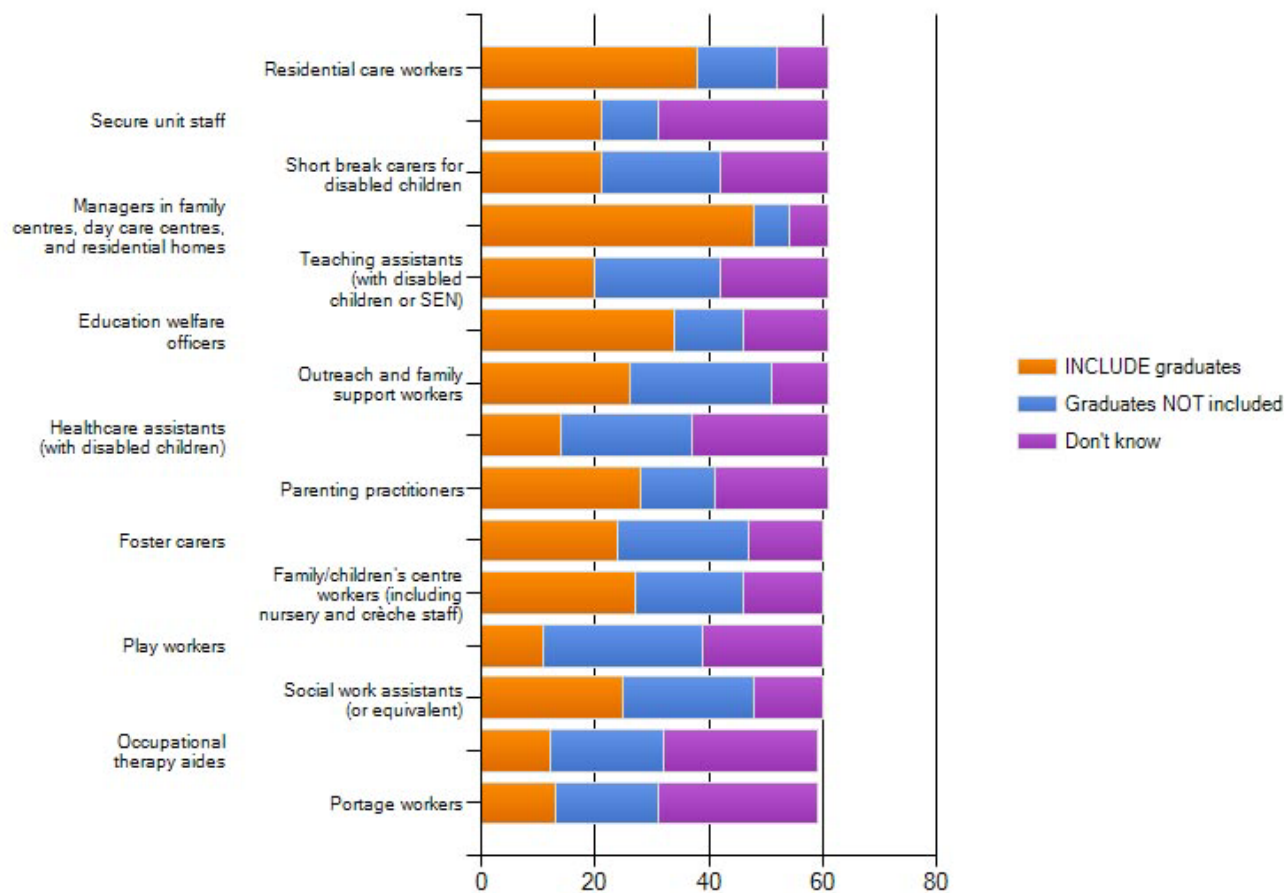


## Where graduates are now in the workforce

### 10. To the best of your knowledge and experience, where are graduates currently employed within the children's social care workforce? (n=62)

There was considerable uncertainty about the location of graduates in the workforce, perhaps since respondents were able to report only on their own field of practice. However, findings from the phase 3 events indicate that, *collectively*, respondents may come to the conclusion that graduates are to be found in all parts of the children's social care workforce.

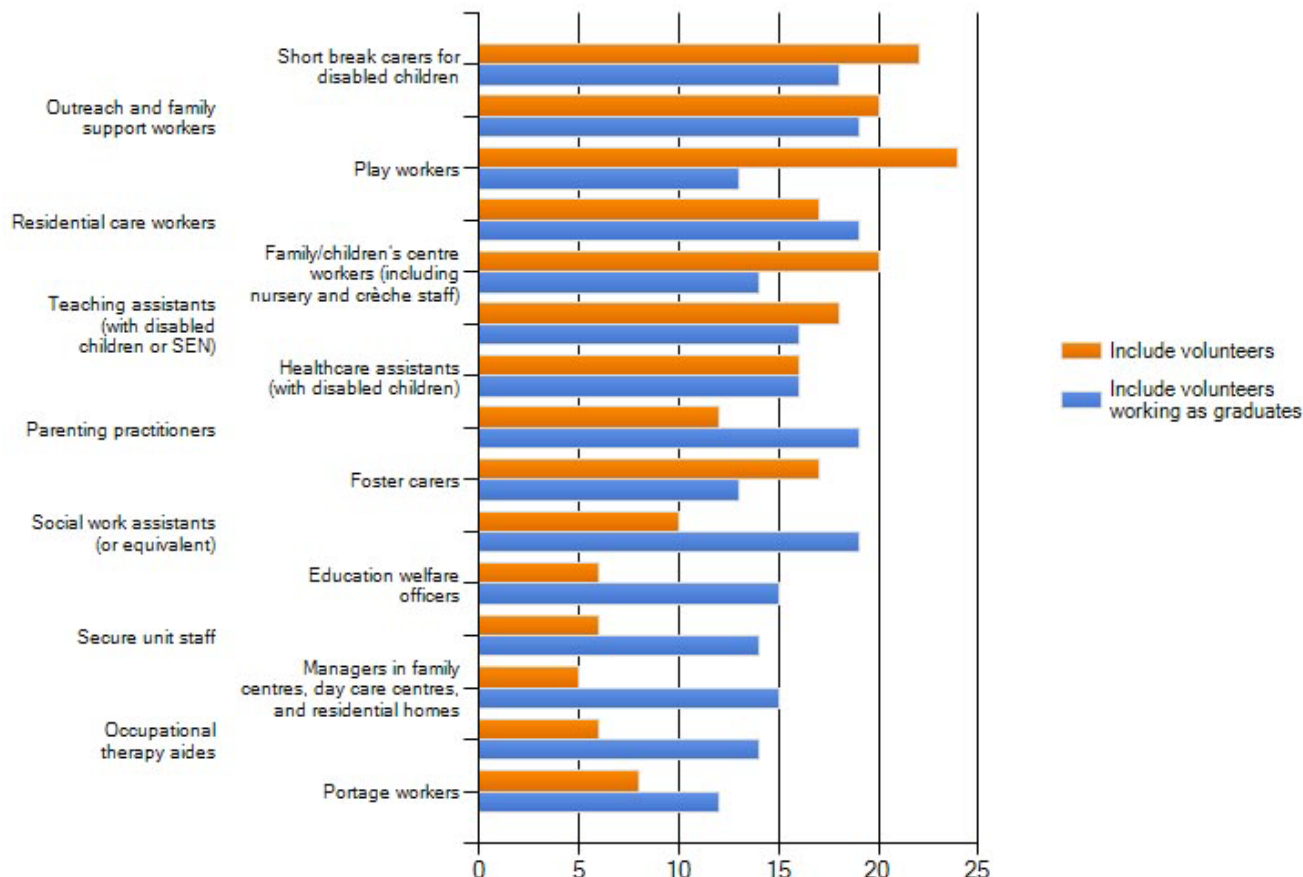
**Fig 5: Responses to Question 10**



**11. Where are volunteers currently employed within the children's social care workforce, and specifically as graduates? (n=48)**

This question caused considerable difficulty for respondents as indicated by the response rate and comments written on the hard copy responses. The notion of volunteers being employed was troublesome, while the nature of being a volunteer was questioned by others (for example, the status of an employee who also undertakes a small unpaid part of their job).

**Fig 6: The location of volunteers in the workforce, including graduates**



**12. What sort of graduate roles do you know of that specifically support the care of children with disabilities? (n=39)**

Six of these replies were 'don't know' or 'none'. Many others relate to professional groups which were declared not to be the focus of the survey.

- Social work (n=17): social worker (10), in disability team (4), specialist (1), supervising (1), Social Work Assistant (1)
- Education (n=9): Teachers (5), in special schools (1), advisory teacher (1), EWO (1), 'Education' (2)
- Health (n=33): occupational therapy (7), physiotherapy (5), speech and language therapy (4), doctor (6), specialist nurse (2), psychology (2), audiology, pharmacy, 'specialist healthcare workers', 'Health care side of this', 'health related etc', 'health based', CAMHS (1 each).
- Short break carers
- Foster care
- Community workers/day workers
- Youth workers
- Family support worker and manager
- Play workers/therapist (2)
- Residential care (not social workers)
- Advocates
- Portage
- Aim high co-ordinator
- Escorts

**13. In your experience, what degrees are held at these levels of responsibility by graduates in the children's social care workforce? (n=38)**

All four levels were reported by around 80% of respondents to be populated by graduates.

**Basic practitioner**

Social work (16)  
 Sociology/social policy/social science (7)  
 Psychology (9)  
 Law (2)  
 Early childhood studies  
 Childcare  
 Youth and community studies

Counselling  
 Community development  
 Criminology  
 English literature  
 Marketing  
 Business  
 History

**Senior practitioner**

Social work (7)  
 Sociology/social policy (4)  
 Psychology/psychotherapy (6)  
 Education (2)  
 Law

Early childhood studies  
 Childcare  
 Counselling  
 Play therapy

**Junior manager**

Social work (10)  
 Sociology/social policy (2)  
 Psychology/psychotherapy (2)

Child care (2)  
 MBA

**Senior manager**

MBA/management (5)  
 Social Work (8)  
 Sociology/social policy (4)  
 Education (2)

Psychology  
 Law  
 Early childhood studies  
 Childcare

#### **14. What specific roles or tasks are undertaken by graduates in the children's social care workforce? (n=44)**

Of the 44 respondents, 33 were themselves graduates. There was no clear difference in views between graduates and non-graduates. Three respondents reported no difference between what graduates and non-graduates in terms of role or function.

##### ***Roles***

The most common response related explicitly to the role of the social worker (n=12). Other roles that were identified included:

- Senior practitioner (2)
- Probation officer
- Health visitor (2)
- Speech and language therapy
- Programme manager
- Early years senior childcare staff
- Community development youth worker
- Working with looked after children
- Residential worker (respite or LAC)
- Child protection
- Respite carers
- Social inclusion worker
- Specialist worker: assessment, intensive work

Education roles were noted:

- Teacher (2)
- teaching assistant
- education welfare officers

Management roles were also identified:

- Manager (2)
- Management in residential care
- Team manager
- Manager of children's services
- Integrated services manager
- Manager or deputy

##### **Tasks**

Two groups of tasks were noted: those relating to management, supportive or 'back office' work, and those relating to direct care.

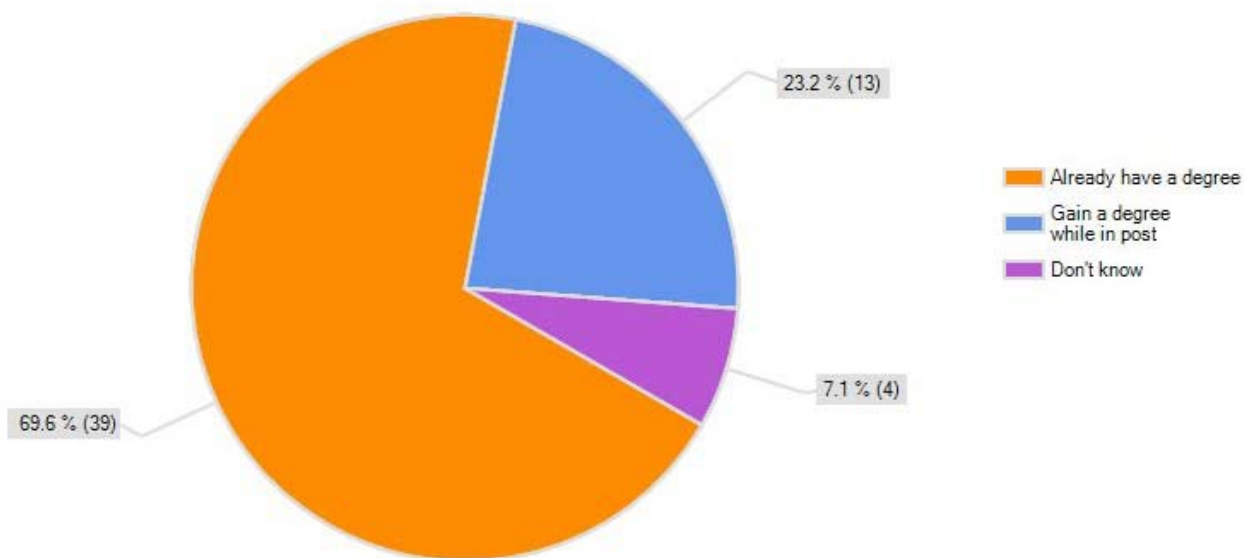
- Management (2): management of staff, systems and budgets, business management
- Supervision (3)
- Collecting performance information
- Training and development (2), PDPs and PDRs
- Systems development and practice improvements
- Applying research into practice (2)
- Paper work (5): writing letters, meeting minutes, reports, court reports
- Finance issues
- Updates
- Care orders
- Chair meetings
- Assessments, initial and core assessments (4)
- Parenting assessment (2)

- Supervised contact
- Seeking appropriate placements
- Direct work/Hands on care(7): physiotherapy, teaching, play
- Specific therapy in keeping with their expertise: anger management, relaxation
- Represent children at external and internal meetings
- Develop and evaluate targets
- Written care plans
- Develop behaviour programmes
- Case management. Care management. Court work. (3)
- Duty
- Child protection
- Prevention

**15. In your experience, do most graduates tend to enter the children's social care workforce already having achieved the degree, or do they gain the degree while in the post? (n=56)**

It was reported that most graduates already held the degree before commencing in post.

**Fig 7: Timing of degree award**



**16. If you have known graduates to leave their children's social care role, what was the reason for their leaving? (n=48)**

Many reasons were offered, but the most common ones were stress-related issues, dissatisfaction, lack of status and lack of career prospects. Positive reasons were also cited, including moving on to more responsibility as a result of growing confidence. It was also noted that some left after finding that they were incapable of, or unsuited to, the work.

***Negative motivation for leaving***

- Stress: generally (8), pressure of work/workload (9), antisocial shift working/contract issues (5), breakdown/burnout (4) safeguarding issues/complex child protection cases (5), paperwork (1), too much responsibility (1)
- Lack of status: generally in social care (4), in residential care (1), to get a better job with more status (1), disillusioned (1) lack of appreciation (2)
- Lack of career prospects: generally (3), to get a better job (2), career change to more attractive job (3), no hope for improvement (1)
- Dissatisfied with salary (6)
- Bad management (2), felt unsupported (3)
- Personal circumstances/start a family/care for relative (5)
- Generally dissatisfied (3)
- Bullying/harassment (2)
- Poor working conditions (1)
- Bad practice witnessed (1)
- Redundancy (restructuring) (1)
- Hostility and violence from service users (1)

***Positive motivation for leaving***

- Positive career move/career development (10), promotion (5)
- Moved within children's social care to widen experience (3)
- Further study/PhD/research (3)
- Grown in confidence and qualified in post – moved to specialist role in children's workforce. (2)



## Where graduates are needed and how they may best be deployed

### 17. What might be the BENEFITS of introducing a graduate role into the children's social care workforce? (n=44)

#### *For children and families generally*

A minority of respondents indicated explicitly that the improvements would work through to impact directly on outcomes for children:

- Better educated and will increase the aspirations of looked after children
- Informed practice, improved outcomes, specialist input

In contrast, three respondents indicated clearly that they saw no benefit for children or the workforce.

While the impact on children was left implicit, the impact of enhanced intellectual ability was noted:

- more reflective and more knowledge
- in theory a more intellectually able practitioner
- better level of processing information and acting on it appropriately
- raises the bar in competence and intellectual abilities of workforce
- able to critically analyse
- more innovative
- able to provide a higher service level
- better quality of thinking and application of theory
- knowledge of theory and ability to apply that to practice.

Another issue which was raised in the interviews with key stakeholders and at the staff events was the need for higher status for workers in the children's social care workforce. How this would impact on children was not made explicit, but included the following:

- professionalism
- raising profile of workers role and therefore trust in the workers practice
- more credit given by medical and senior personnel
- more respected.

Enhanced knowledge was expressed clearly as an expected outcome:

- more knowledgeable (5)
- more theoretical/academic knowledge (3)
- greater knowledge and understanding of complex issues
- to raise the knowledge base of what works, analytical skills, etc.
- informed quality practitioners
- more in-depth knowledge, more appreciation, experience of studying, researching practice gained from placements.

There were other practical issues, though not linked explicitly to the outcome for children. It was held that '*they might have a protected caseload unlike me*', that they would be better skilled, with a wider range of available skills, bringing different life experiences, and contributing specialist knowledge and input.

#### *For children with mental illness or disability*

Two respondents indicated that there would be no benefit ('none') in having graduates working with children with mental illness or disability, and another two stated that they were unable to comment ('don't know'). Fifteen others left the question blank, presumably indicating lack of ability to comment.

Enhanced knowledge and understanding of how to meet this group's needs was acknowledged as a potential benefit. The connection between knowledge and skills was more obvious, too. The direct link to outcomes for children was clear here:

- knowledge
- in-depth knowledge
- more specialist knowledge
- more academic knowledge
- informed quality practitioners
- increased theoretical knowledge
- more theory to back up own knowledge
- understanding of where practices come from
- wider understanding of the social issues of this subject
- ability to meet service objectives in a more knowledgeable way
- in depth knowledge of clinical information and treatment options
- better level of insight, understanding and ability to combat discrimination
- greater knowledge and understanding of complex issues
- informed practice, improved outcomes, specialist input
- skilled and knowledgeable about such conditions or illnesses and how to treat them positively
- to give workers skills, knowledge, awareness and confidence to do the job.
- specialist skills in this area
- more highly specialised staff to deal with complex issues
- specialist areas
- specific roles / responsibilities for specialisations

### ***For the workforce***

As with other elements, a number of respondents indicated clearly that there would be no benefits, while several more had no comment to make.

Improved status and professional standing was the most commonly cited effect. This improvement was sought from other professional and from the public. It was linked to improved pay and conditions, and also to improved retention of staff:

- improve status
- raise the profile and status of the workforce
- higher performance, better morale, greater respect
- to raise profile and status within these areas of work
- development and recognition of experience
- improved status of worker on a par with health staff
- raised profile of the workforce
- more public trust
- higher profile in the community
- clearer career progression
- provide more career pathways
- valued professional career (if paid)
- improved status and pay bargaining
- enhancement of pay and status
- workers would be better paid
- knowledge appreciated by all, experience and skills acknowledged
- improved practice, retain skilled staff, enhanced status

Benefits were also identified relating to inter-professional and team-working:

- keeps the rest of the workforce updated on new research, policies and procedures and fresh ideas.

- the ability to articulate and solve problems, to generate original ideas, and to work collaboratively across cultural boundaries
- hopefully will lead to better working processes
- more stimulating team relationships and spirit of enquiry, more stability, lower turnover

**18. What might be the DISADVANTAGES of introducing a graduate role into the children's social care workforce? (n=37)**

***For children and families generally***

Many respondents offered no response to this part, though providing answers for the questions before and afterwards, indicating, perhaps, that they saw no disadvantages. Only one reported that they '*don't know*', while another respondent suggested that '*they already exist*' (and, presumably, there is no need to add more graduates – this was commensurate with this respondent's replies to other questions).

Three participants asserted that there were no disadvantages:

- none
- I honestly cannot see that there are any disadvantages. It will give the role status
- no disadvantages in residential childcare..... there are flexible qualification frameworks to offer degree routes to those staff without that academic history. We now offer a foundation degree for our residential staff.

Some believed that such graduates would not remain in the workforce (for varying reasons):

- not allowed status or autonomy ... disillusioned
- may be looking for other career opportunities and if not managed well this could cause some resentment at being 'over qualified' for what they are being asked to do
- may not stay in basic role long enough to gain the necessary experience.
- move on to research or more financially rewarded posts

There was a strong voice against the proposal on the grounds of perceived incompatibility between learning or increased knowledge and ability to undertake the role effectively. Such antipathy to personal academic progress and professionalisation of a workforce has been seen commonly with regard to other professions and occupational groups, notably nursing:

- professional may be too academic
- risk that people think they can run before they can walk
- focus on thinking rather than doing.
- remoteness from the task at hand unwillingness to get your hands dirty!
- lack of hands on experience, tend to practice by the book.
- anyone doing the work has to be grounded in real life, not intellectually out of touch or aloof
- no appreciation of other's circumstances
- sometimes life experiences offer more insight than learning from a book and if only people with degrees can do the job then this might stop some very good workers doing the job as is currently the case with social workers.
- lack of practical experience, socio-economic differences
- class-ism within service delivery. An emphasis on theoretical knowledge without practical experience and no focus upon personal attributes.
- lack of knowledge, experience and appropriate 'people skills'
- too academic in engagement with families

A second concern was that an increase in graduates would automatically demotivate, disadvantage and deskill the rest of the workforce:

- I think it is a flawed concept and might lead to others who have valuable experience to offer feeling that they are less valued.

- choosing people who have a qualification rather than personal attributes
- may lose some people who have many of the personal attributes which social workers should have, at the expense of those who are academically able, but have led a sheltered life, and can't relate to people or make relationships with them
- lose skilled workforce for whom graduate level learning is a put off
- may lose workers with valuable life experience and interpersonal rather than academic skills
- prevent recruitment of potentially good workers who would struggle with academic requirements of degree course.
- some may feel intimidated
- some good staff would be put off if had to go to college to get qualification
- disadvantaged excellent practitioners who are not graduates

### ***For children with mental illness or disability***

While fewer respondents had comments to make in this field, the comments reflected the same concerns as in the previous element. One respondent stated '*Don't know*', while a second suggested that there were no negative consequences.

One participant suggested that such graduates would not stay in the workforce:

- may plan to move around and progress in their career, not likely to stay in one area over a long time to get to know the children on their caseload

Three expressed the perception that academic achievement would prevent effective practice:

- Professional may be too academic
- Lack of practical experience
- To throw someone into deep waters without giving swimming lessons: example.

Two believed that the workforce would be damaged because graduates would not be attracted to this work, or that graduates would supplant better, non-academic staff:

- These can be 'Cinderella' services and not attract the better staff so potentially more disadvantaged
- Disadvantaged excellent practitioners who are not graduates

### ***For the workforce***

The response themes for this element reflected the others for this question. One respondent stated that they could not say what the effect would be.

Again, there was the suggestion that the graduates would leave:

- would be given extra roles and responsibilities and would develop into more pressure and accountability
- create unrealistic career aspirations.

Similarly, there was antagonism to the notion of enhanced academic achievement.

- getting too up itself for its own good
- demand higher salaries but often cannot interact with the clients
- not having enough diversity and knowledge from different areas of life.

More respondents (10 graduate respondents and 3 non-graduates) expressed concerns about negative effects on other members of staff, particularly lack of employment and career prospects. Once again, academic achievement and caring were held to be mutually exclusive:

- exclusion of less able workers
- de-emphasis on skills and value of all people in this work

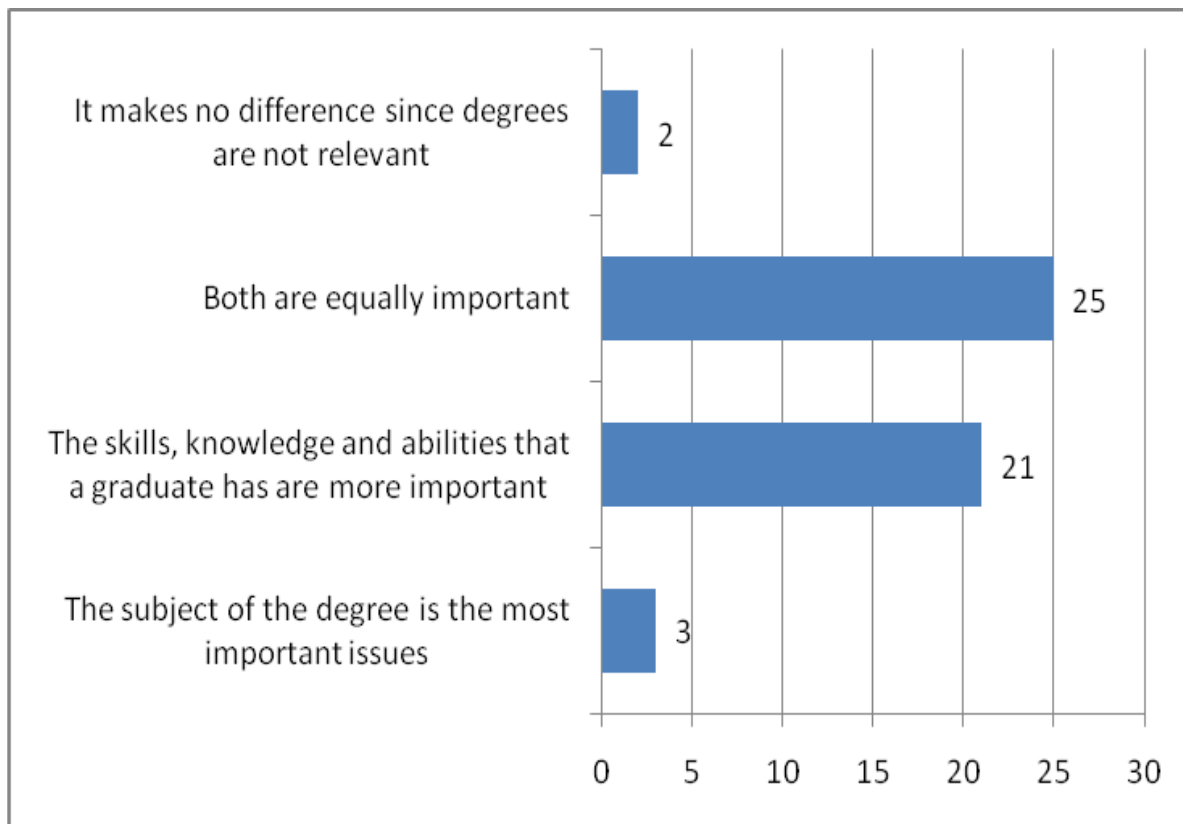
## UNDERSTANDING THE CHILDREN'S SOCIAL CARE WORKFORCE

- excludes a raft of capable and hard working people
- there is a place for empathetic caring people who have a real commitment to families, and who can support qualified workers well, but who will now not find a way in to the profession
- excludes sections of society that may be excellent in this role
- narrows the mix of people who will apply for face to face work
- this may deter those excellent practitioners that enter the workforce via service user or volunteer routes who are excellent role models. Social care training and development opportunities should be inclusive and modular whilst academically demanding and rigorous in their assessment
- could be divisive
- other parts of the workforce may feel devalued
- hierarchy of academic attainment; us and them
- not fitting in to the ethos of the established workforce: can devalue others skills
- reduction of career moves for staff who are not graduates
- disadvantaged excellent practitioners who are not graduates.

**19. What do you think is the most important aspect of the degree that a graduate holds? (n=51)**

Ninety per cent of respondents held that the attributes of a graduate were important. Half of them believed that subject of the degree to be of equal importance, Very few thought that degrees were not relevant or that the subject of the degree was of more importance.

**Fig 8: Views on the relative importance of degree subject and attributes of a graduate**





**20. What type or subject of a degree would be most relevant to children's social care workers? (You can name a specific degree or just say what the focus should be.) (n=46)**

Five respondents declined to name a specific degree, insisting instead that many degree topics would be relevant in different ways, and that the skills and attributes of the graduate were more important (See Q19). For example:

- I don't think there is one. I have employed people from science, drama, arts, etc. who have been very capable. It is the social work training and continued professional development that is important.
- In addition to all degrees relevant to the care professions, probably any degree that includes application of knowledge e.g. engineering, computer science.

Perhaps unsurprisingly, many reported that a degree in social work was the ideal, though why such graduates would work outside social work roles is not known.

- Social work (13), social work with restorative practice a mandatory extra component (1)

Some respondents held that a degree specific to social care was preferable (See Q21).

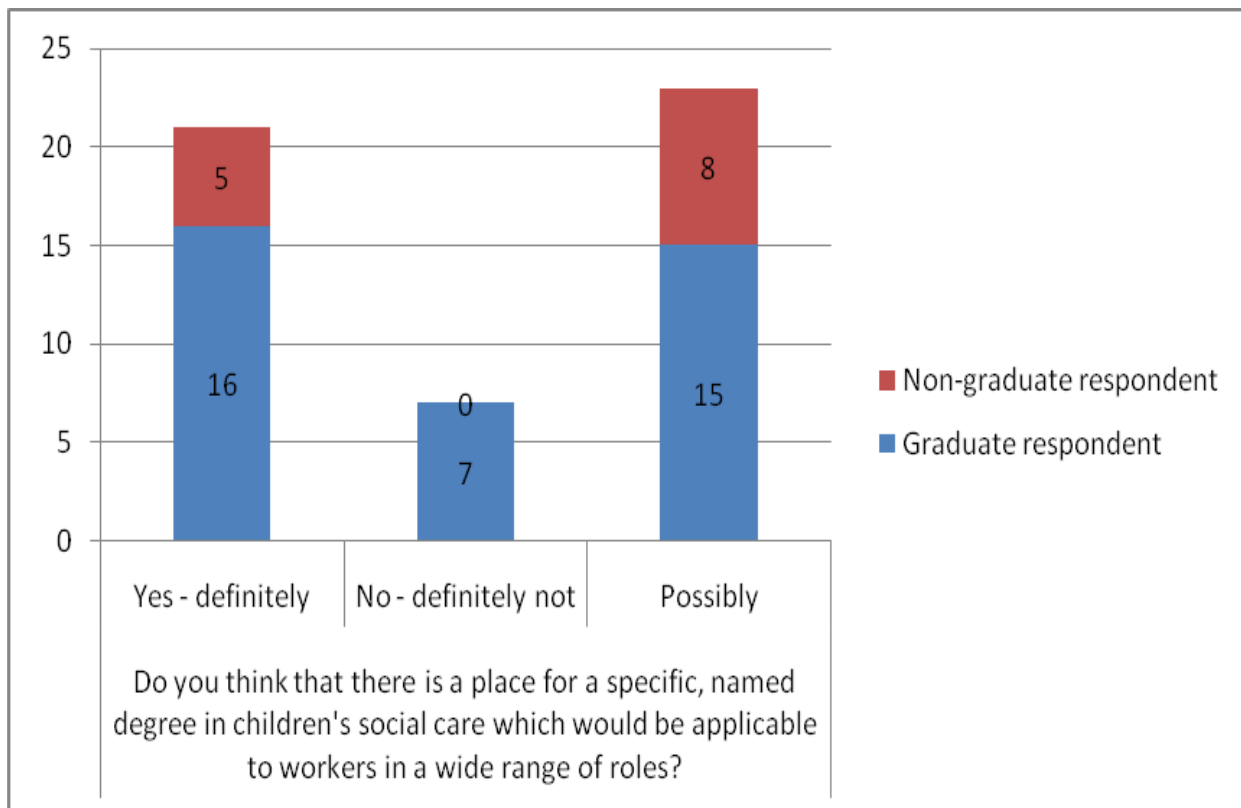
- Specific to social care if that is the career path chosen. (3)

Other suggestions tended to reflect the breadth of roles involved in children's social care:

- any degree with child/family or society focus
- business administration
- child care (2)
- child development
- education/teaching (2), BEd specialising in young children and/or those with disabilities (1)
- health
- health and social care
- humanities
- play therapy
- psychology (4)
- research
- SEN
- social policy (4)
- social science (4)
- sociology (2)
- youth work

**21. Do you think that there is a place for a specific, named degree in children's social care which would be applicable to workers in a wide range of roles? (This might be, for example, a 'BA Children's Social Care' or something similar.) (n=51)**

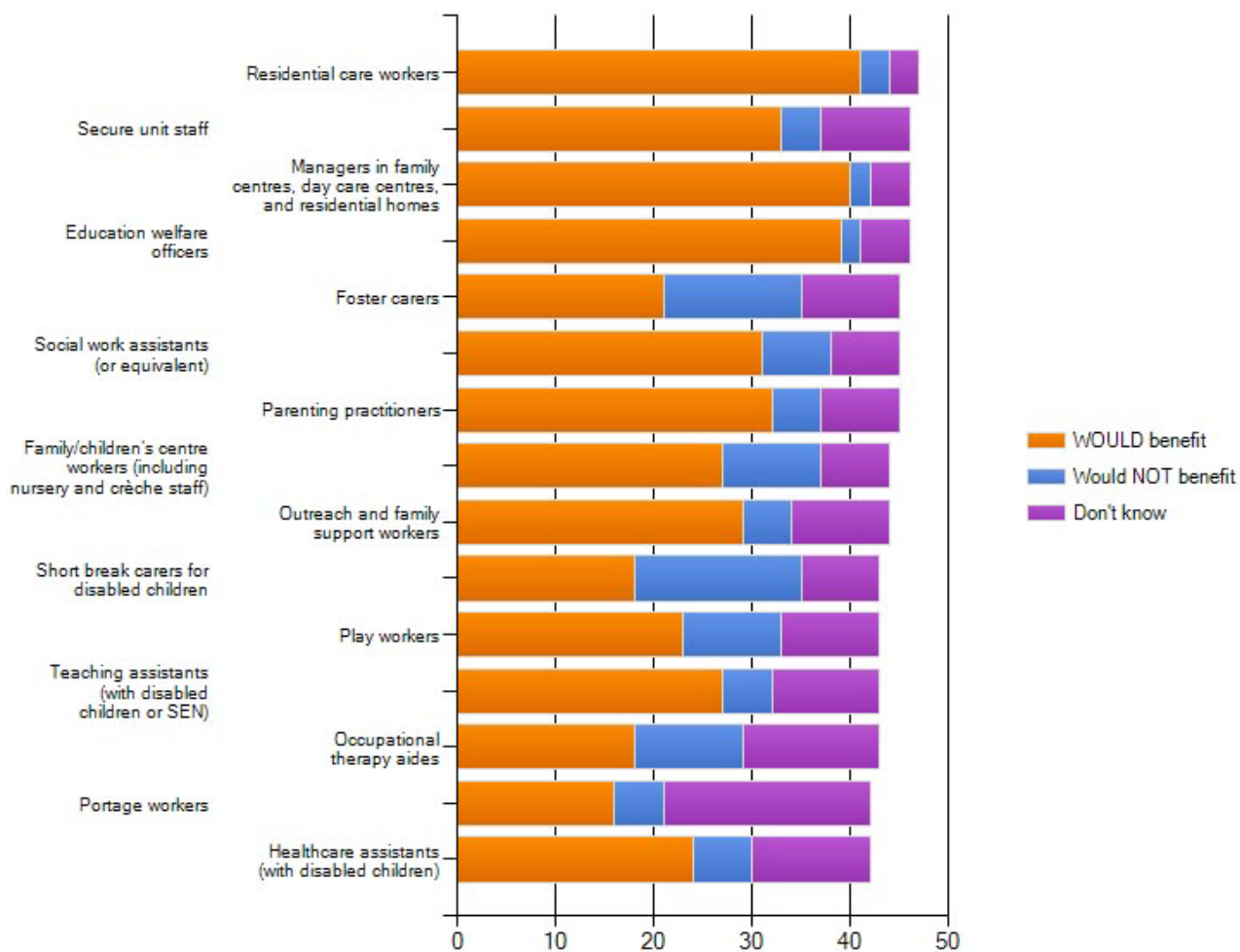
**Fig 9: Support for a specific, named degree in children's social care**



There was a degree of support for a specific, named degree for children's social care, from only 21 ('definitely') and 23 ('possibly'), though only slightly more than half of those who started the survey answered this question. Less than one quarter of those who started the survey was explicitly supportive. The status of the respondent as a graduate or not was not a determining factor.

22. Which of these roles would benefit from the inclusion of a graduate role? (n=47)

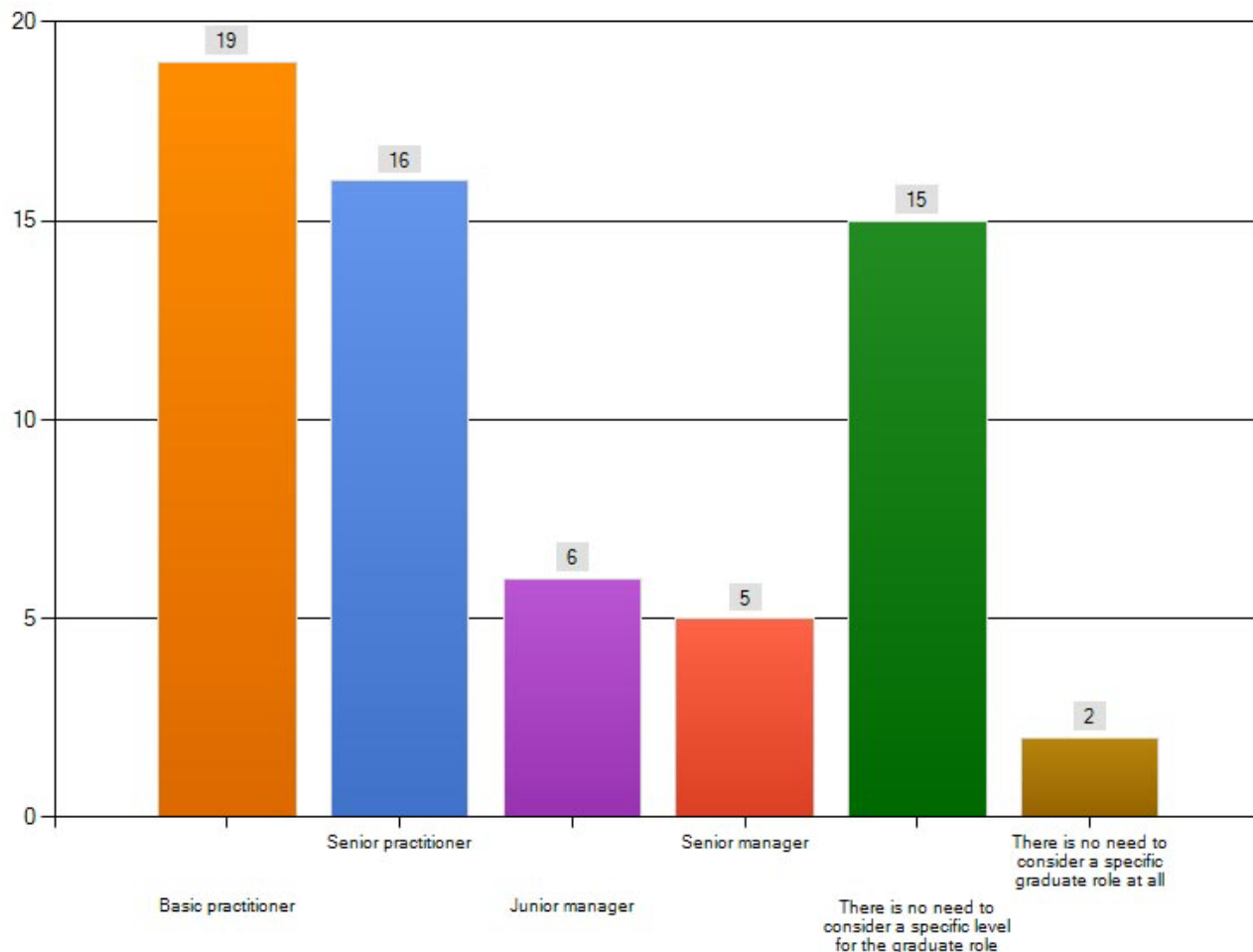
Fig 10: Views on which roles might benefit from a graduate role



**23. At which level of practice should graduate roles be introduced? (n=50)**

While there was a significant lobby for not considering a specific level, and a very small minority denying the need for a graduate role at all, 92% of respondents expressed an opinion, and of these there was a clear preference for this to be invested in practitioner roles.

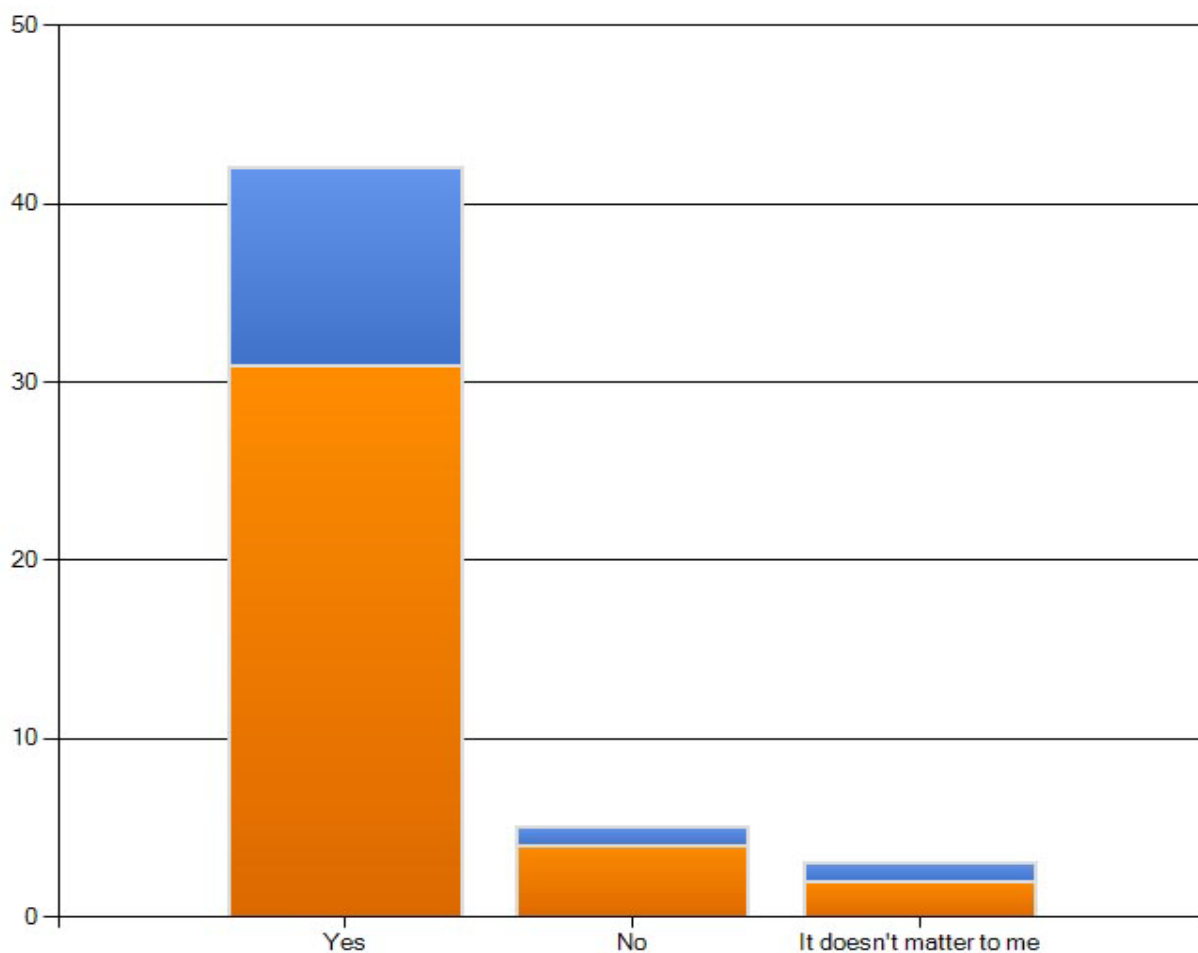
**Fig 11: Preferred level for introduction of graduate role**



**24. On balance, do you think that a planned graduate role should be introduced to the children's social care workforce (for those expected to model expert practice)? (n=50)**

Of those who responded to this question (slightly more than half of those who commenced the questionnaire); the great majority were supportive of the introduction of a planned graduate role into the children's social care workforce. The factor of the respondent being a graduate or not appeared to have little effect.

**Fig 12: Support for a planned graduate role in the children's social care workforce (Yes, No, It doesn't matter to me) split by graduate respondent (orange) and non-graduate respondent (blue)**



## Feedback from Events

The invitation to attend the events was open to all who might be interested, and a wide group of professions, organisations, roles and parts of the workforce were declared to be relevant in the invitation. The target was to attract 300 participants in total across questionnaire respondents and delegates attending the events. There were 293 responses to book places at events. With bad weather and difficulties due to motorway closures, a total of 111 delegates registered at the events, though a number of additional delegates attended without registering – some of these assisting with organisation and chairing of group discussions. As with the questionnaire respondents, a wide range of agencies, sectors and levels of responsibility were represented. The structure of the events is shown in Appendix 7.

### **Where do graduates in the social care workforce work?**

*(Linked to groups from Phase 2 interviews, with Phase 2 staff group elements in grey type)*

#### **Children living away from home**

Managers in residential homes  
Residential care workers  
Secure unit staff  
Short break carers for disabled children  
Foster carers

Foster workers.  
Residential workers  
Leaving care  
Placement support teams (fostering)  
Contact officers / supervisors

#### **Schools and day care**

Family/children's centre workers (including nursery and crèche staff)  
Team Around the Child/Team Around the Family  
Managers in family centres and day care centres  
Play workers  
Teaching assistants (with disabled children)  
Education welfare officers  
Occupational therapy aides

Child care development workers  
Children centre manager  
Children's centres as family support workers and as children's centre support (outreach)  
Early years  
Family workers  
FIPS project workers  
Family centre workers  
Family support workers  
Play and learning workers  
Play workforce  
Speech and language therapists  
Behaviour support workers  
Educational psychology  
Education Welfare: some from SW profession but some from others. Truancy officers, attendance



SEN case workers  
Connexions  
School assistants  
Teaching  
Teaching assistants  
Social work: senior roles in children's centres and nurseries

## **Community and in the child's home**

Outreach and family support workers  
Portage workers  
Social work assistants (or equivalent)  
Healthcare assistants (with disabled children)  
Parenting practitioners  
Occupational therapy aides

Health visitors: designated nurse – Looked After Child/midwives.  
Occupational therapy  
Outreach  
Befrienders  
CAMHS teams  
Social work assistant. Support workers. Social care workers  
Social workers  
Duty workers  
YOS/YOT: targeted youth support  
Youth offending  
Team Around the Child  
Therapists/counsellors  
Victim support  
Parent support advisers.

**A common thought was that these are concentrated in management roles. This is borne out in the *State of the Children's Social Care Workforce* report:**

- Sometimes forced into management posts because nowhere else to go.
- Usually within management positions. (Senior practitioner posts limited to qualified social workers so they have to leapfrog this stage.)
- Back office positions (supporting roles)
- Commissioning and procurement
- Marketing / IT development
- Monitoring and evaluation officers.
- Personal assistants
- Not sure about membership of, e.g., accountants in children's workforce.

### ***Additional roles were identified:***

- Advocacy
- Advocates/independent visitors
- Children's rights
- Commissioned graduates to do specific projects/work
- Counsellors
- Housing/independent support workers
- Mentors
- Private organisations
- Psychology graduates doing targeted mental health work
- Scouts, guides etc.
- Voluntary organisations
- Volunteers

## General issues

### ***Common view: there is a great many graduates in the workforce:***

- Graduates are working at all levels across the whole workforce.
- Everywhere – including anywhere where a SW qualification is not required.
- Everywhere, but don't know much about foster carers as graduates.
- Widespread, but more likely in youth work.
- Charities and voluntary organisations – family support and domiciliary care roles.
- Independent SW practices will recruit those with degrees (not as SWs).
- The ones who have to be – social work, youth and community.
- Graduates from abroad present in the children's disability workforce – moving into social care.
- Some graduates in social care accidentally. Come into roles in order to get practice experience.

### ***...but we don't know where or how many.***

- Organisations typically don't know where graduates are.
- We don't know. Haphazard graduate profiles in the workforce.
- Lots of hidden graduates.
- There are more than people think and increasing. Probably 25% greater than imagined.
- Don't always know that people have degrees. Might know at point of application (but sometimes asked only for 'relevant' qualifications).
- This is often known at team/service level but not required to record centrally.

### ***A minority view:***

- Very few graduates.

### ***Other messages:***

- We have to acknowledge that the location of graduates has so far been employer-led.
- Currently many in peripatetic work working towards a degree – want to stay at grassroots.
- Some graduates report to managers who are not graduates.
- The term 'graduate' is confusing in some systems. We 'graduate' from each module – not at degree level.
- Typically graduates not moving into VCS social care roles due to lower pay scales.
- 'Re-enter' education.
- People changing direction/careers.
- Some staff have no qualifications. Values and attitudes more important.

### **What degrees do they hold?**

Accountancy	Management
Arts	Media studies
Business studies	Nursing (different specialities)
Child and Family Studies	Photography
Criminology	Psychology
Early years	Psychology degree in youth and community
Education	Science
English	Social policy
Environmental science	Social work
Health and social care	Sociology
Health visiting	Sports
History	Teaching
Languages	Youth work
Law	

### **Additional issues**

- All sorts, some more obviously relevant than others. From archaeology to social work – a continuum. May not be easy for individual to express or convince others of the relevance of their degree.
- Some graduates have limited understanding of how their degree can be used.
- Sometimes specific but no need to be – it's people, not subjects, that are needed.
- Some have higher degrees.

### **Do they have these degrees before they take up the role or study for them afterwards?**

#### ***Most seem to think that they have the degrees before taking up the post:***

- Most have a degree before entering the workforce.
- Majority come with the degree and qualifications.
- Clusters of new graduates entering – at 21 years.
- Pockets of increased clustering geographically – places where people study and stay.
- Note that many have to do NVQ after having a degree to do the job (e.g. foster care).
- The accidental graduate. Many just happen to have a degree – not required and probably not known or recognised.
- Many graduates (with unrelated degree) take social care jobs simply as a job. Not a career choice.
- Graduates see this as the start of a career with a view to going into social work.

#### ***However, some saw a changing profile:***

- Greater proportion of applicants now are graduates. Not so many in existing posts.
- Important for managers, too. Graduate after being in senior roles.

#### ***Other issues:***

- We don't know what qualifications people bring, nor their other attributes like life-skills.
- Currently much training but relatively little undergraduate preparation.
- Some individuals are singled out to do a degree. Sponsored. Some then lost to other careers.
- Gaining degrees while working is not appropriate – different qualifications are needed.

**What roles do they hold and what key tasks do they perform?**

**A wide range of roles and tasks were thought to be held:**

- All kinds. Sometimes role-specific.
- Job evaluation influenced how people work. Roles may vary according to the degree held.

**Roles:**

Care support	Profiles
Case handling	Project worker
Children's disability team worker	Residential worker
Direct care	Shift leaders
EWO	Social work
Family support	Social work support worker
Foster care	Sport centre worker
Home managers	Teachers
Nursing	Team manager
Police	

**Key Tasks:**

Analytical skills useful	Policy issues. Marketing. Policy development.
Assessing	Management
Behaviour management	Report-writing
Commissioning/purchasing	Residential settings
Community work undertaking CAF	Risk assessment.
Complex work	Signposting
Contact work	With learning disability – medical and personal care
Day-to-day support	Working with children
Entry-level jobs while deciding on a career	Working with other professionals
Family work	Working with parents
From baseline to crisis intervention	
Parenting assessments	

It has changed – moved from university focus to hands-on focus.

**Some perceived notions of difference in role between graduates and others:**

- May have more responsibility than non-graduates.
- May be little or no difference between graduate and non-graduate roles.
- More expectations of graduates.
- Sometimes a distinction between professional degrees (i.e.: where it is a statutory requirement) and other degrees, but otherwise often exactly the same roles and tasks for graduates and non-graduates. The level of ability may be a different matter.
- Generally do the same job as non-graduates.
- Sometimes potential is recognised in graduates – but not the role.
- Motivation to learn is more apparent.
- Not sure if role is different because often we don't know if they are graduates.
- Tend to get going faster – benefits for busy teams.
- Able to take the initiative.
- Usually have capacity for CPD.
- Sometimes more motivated/self-motivated.

**Additional Issues:**

- Graduates sometimes forced into applying for roles that they don't want because they don't have access to their job of choice.
- Qualifications sometimes lock people into certain career paths.
- There is no mapping of where/what graduates are doing.
- Degree not necessarily related to career progression.

**What knowledge and skills do they need, and how are they prepared to undertake these tasks?**

***A variety of attributes and skills were recommended:***

- Degree may empower people and give confidence.
- Graduates have more confidence and maturity.
- Life skills.
- Safe levels of care.
- Parental experience.
- More emphasis on being professional
- Debate about whether topic or skills focus makes a degree relevant.
- Interpersonal skills: empathy, understanding, peer group, relationship-building, approachability.
- Skill set: Research analysis, report-writing, questioning, communication, planning, IT skills, accurate recording, theoretically up-to-date.
- Important to be willing to learn skills in the job.
- More literate.
- Ability to work with people is crucial.
- More articulate so become senior more quickly.

***...but there was distinct opposition and resistance to the need for graduates:***

- 'Graduateness' is not enough – must also show increased level of skill and understanding.
- It's not the formal qualifications that matters, it's the on-the-job mentoring and coaching that matters.

***Additional issues:***

- You may not know that you are working with a graduate.
- OR
- You can definitely tell. No difference in the work but there is a difference in approach.

***How to be prepared - little comment:***

- Many routes from NVQ3 onwards.

**Where are the graduates needed (now, and in the foreseeable future)?**

Everywhere	Nursery. Early years
Care/case management	Learning disability
Family support	Budget-finance planning
Social work	Supervision and supportive roles
Safeguarding/child protection	Gap between family support and social work
Enhanced foster care – if wanted	Key workers in residential care / schools
Management	Management (social care)

***Some specific issues were noted in which graduate role might be helpful:***

- Workforce needs to be supervised by trained staff – need access to graduates.
- There may be a gap in strategic positions/higher roles – maybe best served by graduates.
- Depends on the degree and its transferability. Individual cases need to be reviewed against a skills base.
- Grown from workforce to reflect communities.
- Graduates drive up status of work and professionalism.

**There was an indication of the potential for higher-level working:**

- Integrated working could benefit from graduates.
- Must be at the front line with the most vulnerable children.
- In complex multi-agency, multi-professional teams.
- Specialist settings – e.g. young people with challenging behaviour.
- Complex cases.
- Frontline. Developing practitioners / specialists / experts.
- In new, innovative roles.

**As always, there were dissenting voices:**

- Being a graduate lacks relevance.
- Not all of workforce needs to be graduate. Most need to be qualified. (**The all-graduate myth**).
- Graduates should be spread throughout the workforce. Concentration of graduates may compromise the level of collective experience held in a team. (**Ability as damaging**).
- Graduates do not necessarily make the best managers. Perhaps this expectation should be challenged. (**Exceptions to rules as proof of inappropriateness**).

**Pragmatic view of political circumstances:**

- Government will need to focus on some key areas (forced by economic situation) – so graduates will go to teaching and social work.

**What knowledge and skills do they need currently (and for the future)?**

**Skills:**

- Fundamental – experience of working with children. If not got NVQ3, start as trainee until achieved.
- Prioritise ability to manage stress, meet targets, manage workload, paperwork.
- People skills (softer skills) – enabling, communication (engage and connect with people), understanding individuality – working with children and families on their perspective, problem solving, belief in change being possible.

Ability to make decisions  
Attachment  
Budgeting  
Child development  
Communication  
Computer skills  
Court craft  
Law  
Reflective practice  
Report-writing

Risk-management  
Safeguarding issues  
Social networking  
Supervision  
Support  
Time management  
Understanding of other agencies  
Video interviewing  
Voluntary workers have to do the same

**Knowledge:**

- Child development – understanding dysfunction, selection processes.
- Confidence in professional identity and in others (+ knowledge of others' roles).
- Must have core skills (from the functional map) plus people skills and practice experience.

About recognising the whole child  
Action learning sets. Vicarious learning  
Analytical and reflective thinking  
Assessment planning  
Child development

Communication  
Cultural issues and diversity.  
Cultural understanding  
Direct work with children  
Flexible working



Focus in child in education and in practice  
Integrated working  
Knowledge: domestic violence, drugs/alcohol  
Law: family and children's rights/boundaries  
Leadership  
Management  
Mentoring  
Partnership working

Placements – realism combating naivety  
Practical skills  
Problem-solving  
Reflection on practice/Reflective practitioner  
Risk management  
Safeguarding  
Self-management  
Skills to deal with the complexity of cases

### **What do you envisage the key tasks for the future will be for graduates?**

- Transferable skills in practice which are integral to degrees related to social care settings
- Graduates with specific skills set (analysis, evaluation, report-writing) supporting managers (induction, training, needs analysis, synthesising research evidence).
- May need to consider conversion to management qualification.
- Needs to be compatible with inspection requirements.
- New roles (as yet unknown) likely to develop which will require higher level skills.

'Bigger picture' mentality  
Beyond being a direct care worker  
Co-ordinating  
Emotional intelligence  
Knowledge of other agencies  
Leadership  
Leading (e.g. within domiciliary care)

Management  
Mentoring and support roles  
Project manager role  
Specialist roles  
Supervisory role  
Working collaboratively across the piste

### **How will graduates need to be prepared?**

#### ***Relationship between education providers and service providers:***

- Needs better partnerships between social care workforce and universities.
- Partnership between HEI and agencies.
- More work to be done with universities.
- Education staff need to be more in touch.
- Large gap between education and actual role.

#### ***Flexibility of learning modes:***

- Training on the job – being a student while in workplace. (OU type approach)
- Combination options in degree programmes.
- Distance learning and face-to-face options.
- Assessed placements.
- Need to have option to experience different roles.
- In-house training as part of CPD.
- Portfolio of evidence of learning and achievement.
- Experiential learning in the context of supervisory relationship.
- Modular and flexible. Menu of choices.

#### ***Emphasis on practice-base and vocational nature:***

- Nature of graduate education needs to be changed to be more vocational (less academic)
- Social pedagogy.
- Must be practice-based.
- Not just competence-based – go beyond the technical – people skills. Theory into practice.

**Content and structure of degree programme:**

- Need a broad-based degree that offers people experience right across social care roles.
- Foster care standards may be a model to emulate.
- Need for a clear professional aim and high-quality role models.
- A 'step up to social care' approach like 'step up to social work'.
- 'Community of practice' a good model. Similarly, 'professional network'.
- Opening up of culture – placements in education, social work and health.
- Destination achieving aspiration and professional validation.
- Need to provide quality placements and experience.
- Flexible career pathway – self-funding, organisation-funded.
- Probationary status/induction year/support/professional development.
- Strong theoretical foundation and learning culture.
- Common core first then specialise.
- Effective role models.
- Experience in voluntary work.
- Include ethics.
- Leadership module compulsory.
- Learning needs identified through appraisal.
- Managing stress.
- Mentoring.
- Performance review and appraisal.
- Preparation for interagency working.
- Professional values.

**Additional issues:**

- Need to consider postgraduate course/qualification to protect career within own field (i.e.: without having to go into management or social work).
- Stability of workforce and for children.
- Remuneration.

**Degree not needed:**

- Having a degree does not mean 'graduateness', nor does lack of one exclude it.
- Must be a route for staff from level 3 to progress without getting a degree.
- Concerns about replicating early years / youth service framework – not necessary. Professionalising the workforce not desirable.

## **What are the main obstacles to achievement of the outcomes of task 2?**

### ***Lack of clarity:***

- Confusion of role titles.
- Confusion over child/family focus. Different services/roles may focus on one more than the other.
- Need to be clear about who the workforce includes.
- Huge variations across organisations despite apparent similarity of role.

### ***Infrastructure issues:***

- Gender: not enough men in social care. Needed in all areas.
- Career structure absent.
- Existing infrastructure might not allow for the necessary changes in education needs.
- HEIs need time to establish programmes or frameworks for accreditation.
- System of validation needs to be portable.
- Systems complicated and too much paperwork.
- Need national professional recognition for non-standard qualifications.

### ***Resource issues:***

- Availability of supervision (adequate and skilled).
- Funding. Inconsistent funding availability.
- Where degree level qualification is not required, how can employers be convinced to pay more for graduates? (Market forces).
- People to deliver it.
- Availability of assessors.
- Staff movement – leaving.
- Physical resources – e.g. IT.
- Lack of practice placements.
- Means of rewarding graduates – presumably more pay so more cost.
- How can a small organisation release someone for undergraduate study?

### ***Need to change organisational culture:***

- Different agencies have different values.
- Conflicting views about value of graduates (including social workers).
- Professional silos.
- Cultural change needed.
- Problem of perceived disparity between those already in role and those not.
- Existing systems.
- Residential social workers feel their low status. NVQ not always taken seriously.
- Lack of communication.

### ***Additional issues:***

- Need to be clear what service users think about it all.
- Lower educational standards in a marginalised community.
- Educational gaps in family support and parenting in leadership and management.
- Focus on training – if wanted.
- Duplication of services – different names.
- Ensuring existing graduates are enabled to transfer/develop into new roles.

### **How can these be overcome?**

#### **Organisational response...**

- Needs to map with FE provision etc to ensure a framework.
- Synchronisation of employers needs with education.
- Services and HEIs work together early.
- Clear national framework (with teeth).
- Might reward graduates in ways other than pay. Higher awards, status, role title, e.g. advanced practitioner.
- Ensure that all LAs have a proper HR plan embedded in the workforce plan to ensure 'fit'.
- Accreditation of local training by universities.
- Enforcement of requirements.
- Varied postgraduate, work-based education provision.
- Develop a social care degree to replace social work. Social work to be a specialisation within social care.
- Opportunities to discuss like this (the event) – interagency, interprofessional.
- Allow workers space and time away from casework to learn and develop.

#### **Structural/content issues...**

- Based on model of core minimum standards for workers, plus additional package for specialist field (e.g. residential care, requirements in foster care standards).
- Should replicate caring, nurturing environments and be child-focused.
- Should be informed by the ECM outcomes and be supplemented with regular action-planning, monitoring, and supervision. Strengthened by CPD.
- A flexible system.
- 14-19 diploma may form a basis for this.
- Foundation degrees in different areas of social care.
- The digital age and availability of blended learning.
- Alternative, creative means to validate learning and practice competence.
- Focus on core competence
- Induction linked to role-specific CPD.
- Essential content for identified roles.
- A new degree that acknowledges experience and includes an employment-based route.

### **What facilitators are there? Who can be enlisted to provide support?**

- A political time when there is an acknowledgement of the need to do better and to act differently.
- Avoid developing a framework which restricts.
- Consultants from other areas.
- Cost-benefit analysis as evidence.
- Get accrediting bodies on side from the start.
- Learn from other sectors (specifically health).
- Managers. SSW. Family support workers. Ofsted.
- Mentors.
- Needs a figurehead – a celebrity.
- Other agencies.
- Other care workers.
- Practice teachers.
- See which wheels have already been invented and copy them.
- The digital age – need to use the enhanced abilities to learn etc without geographical or institutional constriction.
- Universities.
- Voluntary workers.

### **What are the potential benefits of achieving the outcomes from task 2?**

#### ***For children and young people:***

- Safer. Risks reduced. Shared experience. More consistency. Improved confidence.
- Children and young people will be supported by a qualified and professional social care workforce.
- Better outcomes for children.
- User-focused workforce.
- Benefits for effective safeguarding.

#### ***For the workforce:***

- Better practitioners.
- Knowledgeable workforce. Clearer, more structured approach.
- More transparency.
- Potential to address retention and attrition if career progression available.
- Greater satisfaction for workers.
- Better retention of staff.
- Better performance results from better education of the workforce.
- Bank of graduates with higher intellectual skills.
- Better valued and recognised workforce.
- Integrated working.
- Graduates in the workforce by design rather than by accident.
- Could be a motivator for other staff who might see opportunities to progress.
- Development of an under-developed part of the workforce.
- Raising the status overall of this workforce.
- Better public image.
- Bridging gap between practical and academic skills.

BUT... We need to retain the less academic workforce.

### **What resources are needed? Where can these be secured from?**

#### ***Human resources:***

- Applicants with time on the job before undertaking undergraduate study.
- Quality people with experience, intelligence, and motivation to work with children and families.
- Hierarchical supervision. Champions (SfC and CWDC).
- Good supervision and leadership.
- Role models, mentors and assessors.
- Respect of others.
- Learn from students leaving courses what equipped best them to practice.
- Support networks.
- Teamwork from top down.

#### ***Physical/financial resources:***

- Conducive working environment and workplace.
- Funding. Well-intentioned people. Central body to oversee the development. Peer-support.
- Lack of resources in general.
- Need funding to be joined up with other agencies.
- Organisations need flexibility to have 1<sup>st</sup> stage opportunities.
- Political will, clearly communicated to employers.
- Shadowing and placement opportunities. Apprenticeships.
- Training opportunities.

**What is the priority order of jobs to be done to move towards achievement?**

- Clarify/demonstrate the value added by holding a degree.
- To improve public perception and valuing of the workforce.
- Monitoring of needs – training needs.
- Assess current status.
- Safety for children.
- Maintaining families together where possible.
- Recruitment.
- Continuation of placement practice.
- Consult with children and families.
- Investment.
- Ensuring 'buy-in' from top and bottom.
- Achievable pace of change.
- Check that the workforce is fit to provide the outcomes for children.
- Ensure infrastructure required to deliver a national programme.
- Government and DCSF must work in an integrated way to provide organisations implementing this with clarity and objectives.
- Views of CYP need to be incorporated.
- Some flexibility of local delivery and priority-setting.
- Selling the vision



**KEY MESSAGES** (as expressed by the delegates)

- Need a flexible system to cope with those with qualifications and those without. Ability to recognise prior experiential learning.
- Need to address commissioning for any change to be allowed.
- Must retain the older, more experienced workforce.
- Workforce planning must take into account the ageing workforce and make social care more attractive. Need to value the workforce.
- This event was valuable. This multi-agency approach must be emulated for other elements of the work.
- Need to engage children (and especially disabled children) before the end of the project.
- Need to address the perception of social care as a low status occupation.
- Safeguarding children must be kept in mind as a key issue.
- The social care workforce is massive & undertakes many roles. Users make huge demands.
- There is no career structure for the workforce. There need to be one – from volunteers upwards. They can gain recognition and qualifications along the way.
- Status and power issues. Status is variable, but mostly low status and work not valued.
- More men needed in the workforce.
- Investment is needed in terms of time, resources, etc but also political support
- Image and profile are of great importance. Need a figurehead, a champion, a Czar – preferably a celebrity for example the musician Goldie featured in a DCSF social work recruitment campaign in February 2010<sup>26</sup>.
- Defining social care in relation to the wider children's workforce. Does a partial role in social care make you 'in'?
- Ensuring that experienced people are kept and valued at the coalface.
- Learn from past schemes and the bits that worked.
- Career pathway the priority. Progression to higher role or horizontal movement (Specialisation)
- Caution – don't assume that graduate qualification necessarily indicates the required competence/ability/attitude.
- Some service users progress from voluntary work to being staff: we must not lose these staff.
- The framework must provide a workforce fit to ensure positive outcomes for children.
- A clear pathway is needed – not necessarily involving a graduate role.
- Call for social pedagogy as the theoretical framework for educating the workforce.
- Resources are finite (and likely to be squeezed further) so use to greatest effect.
- There must be opportunities for people in the field to further their careers.
- Need to recruit staff with right motivation and attitude – this includes graduates.
- Change in small, incremental steps.
- Ensure don't lose the experiential element.
- Importance of the flexible building blocks approach to education.
- Importance of breaking down professional boundaries to allow safe movement.
- Caution – not convinced that a graduate role is needed. We need a career/learning pathway which is clear, robust and organised in a learning framework.
- Investment in its broadest sense is an essential element – locally and nationally.
- Deliver a consistent level of knowledge and skills.
- Graduate qualification won't necessarily equip an individual to do a good job. Need a system/framework for ongoing learning and development with a career pathway.
- Whatever is developed needs to be fully inclusive to everyone and all sectors of the children's workforce.
- Be clear about the children's social care workforce identity and career progression within it. Highlight that this is a profession to be valued and worth investing in.
- Allow time for implementation.

<sup>26</sup> <http://www.dcsf.gov.uk/everychildmatters/news-and-communications/news/200809nisocialworkershelptogiveavoice/> [Accessed on 15 April 2010]

## **APPENDIX 4: Key purpose and functions from the Functional Map of the Children and Young People's Workforce in England (CWDC 2008)**

### **Key purpose**

To plan, manage and provide comprehensive, coherent, integrated services that improve the lives of and outcomes for children and young people and support their families and carers.

### **Functions A-F<sup>27</sup>**

- A. Develop and implement responsive strategic and operational plans and systems that are outcomes-focused and provide integrated services and support for children, young people, their families and carers.
- B. Promote equality, participation and the rights of children and young people.
- C. Communicate and maintain effective relationships with groups and individuals.
- D. Safeguard children and young people
- E. Work in partnership with other agencies, service providers and individuals to ensure policies, services and systems are outcomes-focused and structured to facilitate integrated working.
- F. Promote the wellbeing of children and young people to help them to achieve their potential

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<sup>27</sup> [http://www.cwdcouncil.org.uk/assets/0000/4467/Functional\\_map.pdf](http://www.cwdcouncil.org.uk/assets/0000/4467/Functional_map.pdf) [Accessed on 15 April 2010]

## APPENDIX 5: Interview schedule (Phase 2)

### INTRODUCTION

Thank you for taking the time to help with this research study. As you know, it's being undertaken for the Children's Workforce Development Council by Action for Children and the University of Salford. I am one of the Salford researchers.

#### ***Can I just remind you of the purpose of the research?***

It is concerned with clarifying the nature of the children's **social care** workforce and informing its future development.

In this part of the project we are seeking the views of key stakeholders, particularly about three issues:

- the knowledge and skills needed by the workforce
- the roles that are currently needed and those which may be needed in the near future
- the role of graduates within this.

#### ***Thinking about the structure of the workforce***

We know that grouping roles and fields of work in a way that is meaningful to everyone will always be difficult, but from the earlier work in the project we've agreed to group roles and staff groups into three clusters, focused on the setting in which the work is undertaken:

- those who work with children living away from home
- those who work in schools and day care provision
- those who work in the community, particularly in the child's home.

*Check that they have the sheet.*

We have **excluded some roles** which are already clearly dealt with by other means, particularly social workers, CAFCASS advisers, health professionals, and those who are explicitly considered in other segments of the children's workforce (for example, early years, youth justice, health, education).

#### ***Building on the core activities***

We've structured the questions around the core activities for the whole children's workforce (from the Children's Workforce Network), and we're looking to add detail that's specific to the children's **social care** workforce.

*Check that they have the sheet.*

#### ***OK. If that's all clear enough, then we can move on to the main part.***

There are three sections to the interview, and the first section is longer than the others. You can just tell me which parts you feel you can talk about, and we can leave out any that don't really fit with your field of expertise.

#### **Can we start by asking a few things about you?**

**(i) Please tell us what your role is** .....

**(ii) What organisation do you work for or represent?**  
(You can describe the sort of organisation if you prefer.)

**(iii) Are you responding for yourself or for a group?**

For myself

For a group - which Group? .....

## SECTION 1

### The structure of the children's social care workforce

So if we can start with the group of staff working with **children living away from home...**

- residential care workers
- managers in residential homes
- secure unit staff
- short break carers for disabled children
- foster carers

**First of all, I'd like to know your thoughts about the nature of this group and the roles that are included in it.**

**Is it a meaningful cluster?**

**What do you see as the factors that make these staff roles fit together in this way? (Prompt: How would you describe the work of this group?)**

**Are the right staff roles and groups included?**

**Are any missing?**

**Should any be in a different grouping?**

**What sort of roles would you consider to be important currently for children's social care?**

**How might these change for the foreseeable future?**

**How would (or should) this group of staff interact with staff in other sectors (such as social work, youth work, education, health, or parenting)?**

The next group is **Schools and day care**

- family/children's centre workers (including nursery and crèche staff)
- managers in family centres and day care centres
- play workers
- teaching assistants (with disabled children)
- education welfare officers
- occupational therapy aides

**[Questions as above]**

The third group is those who work in the **Community and in the child's home**

- outreach and family support workers
- portage workers
- social work assistants (or equivalent)
- healthcare assistants (with disabled children)
- parenting practitioners
- occupational therapy aides

**[Questions as above]**

## SECTION 2

### The knowledge and skills needed by social care workers to support children

There are a few aspects to this section that I'll tell you about now, but I'll come back to them one at a time. If you remember, we've structured this to add details to the core activities.

The section is about the knowledge and skills needed by staff in a social care role to support children in a variety of specialist settings. As part of this, we're also thinking about the sort of tasks which might fit with the role.

We are also particularly interested to know what you think about these issues for staff working with disabled children across the range of services and levels of need.

**A) Can we start with the first function of *developing and implementing outcomes-based responsive plans for children, young people and families...*?**

*(Indicate whether answer relates to a whole group or selected individual roles)*

**Could you tell me what specific knowledge and skills you think that staff need to do this effectively?**

**What sort of training, preparation or qualifications do you think are required for this?**

**Is this support currently accessible to this group of workers?**

**If you were to consider this question again with specific reference to vulnerable children such as those with mental illness or disability, would you add anything?**

**B) OK, again, thinking about these as a group, or for individual roles within this, what about the function of Promoting *equality, participation and the rights of children and young people...***

**[Questions as above]**

**C) If we move on to the next function of Communicating *and maintaining effective relationships with groups and individuals...***

**D) The next function is Safeguarding *children and young people***

**E) On, then, to Working *in partnership with other agencies and individuals to ensure outcomes-focused, integrated working.***

**F) The last function is to Promote *the wellbeing of children and young people to help them to achieve their potential.***

## APPENDIX 6: Online Questionnaire (Phase 3)

### Developing the future children's social care workforce

#### 2. First of all, about you

So that we can check that we have gained the views of a representative group, please answer the following brief questions. The information will be used only to produce overall statistics without any indicators of which individuals have responded.

**1. Please tell us what your job title is**

**2. Please tell us what your role is**

**3. What organisation do you work for or represent?**

(You can describe the sort of organisation if you prefer, but we will report only on the number and variety of organisations without linking any specific individual's answers to this data.)

**4. Which of these specified parts of the children's social care workforce most closely fits with your field of expertise and experience?**

- Those who work with children living away from home
- Those who work in schools and day care provision
- Those who work in the community, particularly in the child's home

**5. Are you a graduate?**

- Yes
- No

If you are a graduate, what degree(s) do you hold?

## Developing the future children's social care workforce

### 3. Attributes needed by workers modelling expert practice in specialist or gen...

Whether this relates to graduates or not, please tell us what sort of attributes are needed by people in specialist or generic roles to be able to model expert practice in the children's social care workforce.

#### 6. What areas of KNOWLEDGE would be important?

(You could simply list these or explain further as you prefer.)

#### 7. What sorts of SKILLS would be important?

(As above, you can list these or explain further as you choose.)

#### 8. What other PERSONAL ATTRIBUTES would be important?

(Again, list these or explain further if you prefer.)

#### 9. How important would these factors be for graduates in such specialist or generic roles?

	Especially Important	Fairly Important	Fairly Unimportant	Completely Unimportant
Critical understanding of the principles of the field of practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to apply concepts and principles developed outside the field of practice to their current role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of the main ways to undertake research in their field.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to evaluate the appropriateness of different approaches to solving problems in the field of practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand the limits of their knowledge and how this influences analysis & interpretation of problems & situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a range of established techniques to initiate and undertake critical analysis of information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use the results from critical analysis of information to propose solutions to problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectively communicate information, arguments, and analysis in a variety of forms to different audiences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Undertake further training, develop skills, & acquire new competence to assume responsibilities in organisations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have qualities and transferable skills to exercise personal responsibility and decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Developing the future children's social care workforce**

**4. Where graduates are now in the workforce**

This section is about where graduates work, what they do, and how they move in and out of the workforce.

**10. To the best of your knowledge and experience, where are graduates currently employed within the children's social care workforce?**

	INCLUDE graduates	Graduates NOT Included	Don't know
Residential care workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secure unit staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Short break carers for disabled children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foster carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family/children's centre workers (including nursery and crèche staff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managers in family centres, day care centres, and residential homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Play workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching assistants (with disabled children or SEN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education welfare officers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational therapy aides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outreach and family support workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Portage workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social work assistants (or equivalent)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare assistants (with disabled children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting practitioners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Developing the future children's social care workforce

**11. Where are volunteers currently employed within the children's social care workforce, and specifically as graduates?**  
 (Click if you agree with the statement)

	Include volunteers	Include volunteers working as graduates
Residential care workers	<input type="checkbox"/>	<input type="checkbox"/>
Secure unit staff	<input type="checkbox"/>	<input type="checkbox"/>
Short break carers for disabled children	<input type="checkbox"/>	<input type="checkbox"/>
Foster carers	<input type="checkbox"/>	<input type="checkbox"/>
Family/children's centre workers (including nursery and crèche staff)	<input type="checkbox"/>	<input type="checkbox"/>
Managers in family centres, day care centres, and residential homes	<input type="checkbox"/>	<input type="checkbox"/>
Play workers	<input type="checkbox"/>	<input type="checkbox"/>
Teaching assistants (with disabled children or SEN)	<input type="checkbox"/>	<input type="checkbox"/>
Education welfare officers	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapy aides	<input type="checkbox"/>	<input type="checkbox"/>
Outreach and family support workers	<input type="checkbox"/>	<input type="checkbox"/>
Portage workers	<input type="checkbox"/>	<input type="checkbox"/>
Social work assistants (or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare assistants (with disabled children)	<input type="checkbox"/>	<input type="checkbox"/>
Parenting practitioners	<input type="checkbox"/>	<input type="checkbox"/>

**12. What sort of graduate roles do you know of that specifically support the care of children with disabilities?**

**13. In your experience, what degrees are held at these levels of responsibility by graduates in the children's social care workforce?**  
 (Please list as many as you can manage in the relevant boxes. The general area will be helpful if you don't know the exact title.)

Basic practitioner	
Senior practitioner	
Junior manager	
Senior manager	

**14. What specific roles or tasks are undertaken by graduates in the children's social care workforce?**

### **Developing the future children's social care workforce**

**15. In your experience, do most graduates tend to enter the children's social care workforce already having achieved the degree, or do they gain the degree while in the post?**

- Already have a degree
- Gain a degree while in post
- Don't know

**16. If you have known graduates to leave their children's social care role, what was the reason for their leaving?**

**(We don't want to be prescriptive about this. If you can tell us if people left through dissatisfaction, as a positive career move, for personal reasons, moving to another area, or another reason altogether, then that would be a great help. You can list as many reasons as you know of.)**

## Developing the future children's social care workforce

### 5. Where graduates are needed and how they may best be deployed

This last section is about the benefits and disadvantages of introducing a graduate role, what sort of degree is desirable (if at all), and how graduates should be deployed.

#### 17. What might be the BENEFITS of introducing a graduate role into the children's social care workforce?

- For children and families generally
- For children with mental illness or disability
- For the workforce

#### 18. What might be the DISADVANTAGES of introducing a graduate role into the children's social care workforce?

- For children and families generally
- For children with mental illness or disability
- For the workforce

#### 19. What do you think is the most important aspect of the degree that a graduate holds?

- The subject of the degree is the most important issue
- The skills, knowledge and abilities that a graduate has are more important than the subject
- Both are equally important
- It makes no difference since degrees are not relevant

#### 20. What type or subject of a degree would be most relevant to children's social care workers? (You can name a specific degree or just say what the focus should be.)

#### 21. Do you think that there is a place for a specific, named degree in children's social care which would be applicable to workers in a wide range of roles?

(This might be, for example, a "BA Children's Social Care" or something similar.)

- Yes - definitely
- No - definitely not
- Possibly

**Developing the future children's social care workforce**

**22. Which of these roles would benefit from the inclusion of a graduate role?**

	WOULD benefit	Would NOT benefit	Don't know
Residential care workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secure unit staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Short break carers for disabled children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foster carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family/children's centre workers (including nursery and crèche staff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managers in family centres, day care centres, and residential homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Play workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching assistants (with disabled children or SEN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education welfare officers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational therapy aides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outreach and family support workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Portage workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social work assistants (or equivalent)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare assistants (with disabled children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting practitioners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you feel strongly about any of these choices, or if you want to explain your reasoning, please tell us more here

**23. At which level of practice should graduate roles be introduced? (Try to choose one, but you may indicate more than one option if necessary.)**

- Basic practitioner
- Senior practitioner
- Junior manager
- Senior manager
- There is no need to consider a specific level for the graduate role
- There is no need to consider a specific graduate role at all

Please explain your reasons for this

**Developing the future children's social care workforce**

**24. On balance, do you think that a planned graduate role should be introduced to the children's social care workforce (for those expected to model expert practice)?**

- Yes
- No
- It doesn't matter to me

## APPENDIX 7: Consultation Events Schedule (Phase 3)

### OPEN SPACE MEETINGS

*“the most productive part of the conference was the tea-break!”*

“Open Space” meetings were developed in the 1980s by an American called Owen Harris in an attempt to recreate the kinds of productive conversations that take place during the conference tea break. This method draws on approaches to meetings that can be seen in West Africa and in traditional communities elsewhere and allows large groups to discuss a wide range of views on particular subject.

#### How does it work?

With the open space method, there are no speakers, no firm agenda and flexible timings within an agreed start and finish time. The people who come create the event on the day, organizing their own discussion groups. The event focuses on **key questions** that matter for the groups or communities involved. The people who are taking part prioritise topics for discussion **around this question** that **matter to them** and they take responsibility for the discussions and for the resulting action.

This means that each participant needs to make sure they are contributing and/or learning at all times – if not the ‘**law of two feet**’ means you move on to another discussion which you can contribute to or learn from. This helps you get the most out of the event

#### Your Invitation to an Open Space Event

As part of the CWDC research project we plan to facilitate Open Space meetings for all staff and stakeholders who would like to be involved. The dates and venues for the event are ...

The key questions for the event are ...

- Where are the graduates now in the workforce, and what key tasks do they perform?
- What knowledge and skills do they need, and how are they prepared to undertake these tasks?
- What will they be doing in the foreseeable future, where will they be needed, and how should they be prepared?
- What facilitators and barriers are there to achieving the vision for the future, and how will the vision be realised?



## THE STRUCTURE FOR THE DAY

**10.30 Introduction** to the event and the project; explaining the format of the day; introducing the facilitators; explaining the mechanisms for recording the information; introducing the key questions:

- Where are the graduates now in the workforce, and what key tasks do they perform?
- What knowledge and skills do they need, and how are they prepared to undertake these tasks?
- What will they be doing in the foreseeable future, where will they be needed, and how should they be prepared?
- What facilitators and barriers are there to achieving the vision for the future, and how will the vision be realised?

**10.45 Task 1 (The present status) key questions:**

- Where do graduates in the social care workforce work?
- What degrees do they hold?
- Do they have these degrees before they take up the role or do they study for them afterwards?
- What roles do they hold and what key tasks do they perform?

**Feedback**

**11.15 Tea/coffee break**

With viewing of flipchart outcomes for the first task.  
Space/Board for additional comments – on post-it notes.

**11.30 Task 2 (Future roles and needs) key questions:**

- Where are the graduates needed (now, and in the foreseeable future)?
- What knowledge and skills do they need currently (and for the future)?
- What do you envisage the key tasks for the future will be for graduates?
- How will graduates need to be prepared?

**Feedback**

**12.30 LUNCH**

With viewing of flipchart outcomes for the second task.  
Space/Board for additional comments – on post-it notes.

**13.00 Task 3 (Planning for future need) key questions:**

- What are the potential benefits of achieving the outcomes from task 2?
- What are the main obstacles to achievement of the outcomes of task 2?
- How can these be overcome?
- What resources are needed? Where can these be secured from?
- What facilitators are there? Who can be enlisted to provide support?
- What is the priority order of jobs to be done to move towards achievement?

**Feedback**

**14.00 Tea/Coffee** – bring it back to the plenary

**Plenary and close (14.30)**

**APPENDIX 8: Constituents of staff groups in the children's social care workforce as advised by respondents**

Children living away from home	Schools and day care	Community and in the child's home
<p>Managers in residential homes Residential care workers Secure unit staff Short break carers for disabled children Foster carers Advocates Independent visitors Staff in boarding schools Staff within mental health institutions Staff within prisons and young offender institutions Private children's home staff Staff in specialist disabled units Staff within asylum seekers' incarceration units Residential workers in special schools Staff in hospices, refuges, boarding schools and care communities. Residential schools, where children are getting their education on site but are also living away from home. Providers of supported lodgings to young people Domiciliary care staff People working in family centres Leaving care or adult transition workers Contact officers / supervisors</p>	<p>Family/children's centre workers (including nursery and crèche) Team Around the Child Managers in family centres and day care centres Play workers Teaching assistants (with disabled children) Education welfare officers Occupational therapy aides Learning mentors Counsellors Primary CAMHS who work in schools Volunteers, particularly former service users Apprenticeships: young people leaving care coming in to work placements within the organisation. Key workers Lead workers for pre-school disabled children Playground assistants College staff, college counsellors and counselling services Family support and parenting support around mental health, drugs and alcohol Health visiting assistants Speech and language therapy assistants Domiciliary carers Mentors Child care development workers Connexions FIPS workers Behavioural support workers</p>	<p>Outreach and family support workers Portage workers Social work assistants (or equivalent) Healthcare assistants (with disabled children) Parenting practitioners Occupational therapy aides Advocates Informal support youth workers Mentors Young carers Support staff, drug and alcohol support workers Occupational therapists Enablers (disabled children) Community workers Peer support workers Domiciliary care staff providing pre-school support for children in their own homes Befrienders Victim support</p>

## APPENDIX 9: EXPERT REFERENCE GROUP MEMBERSHIP

The Children's Workforce Development Council would like to acknowledge the following organisations for their contributions as members of the social care expert reference group.

Organisation	Website address
British Association for Adoption and Fostering	<a href="http://www.baaf.org.uk">www.baaf.org.uk</a>
Children England	<a href="http://www.childrenengland.org.uk">www.childrenengland.org.uk</a>
Department for Children, Schools and Families	<a href="http://www.dcsf.gov.uk">www.dcsf.gov.uk</a>
General Social Care Council	<a href="http://www.gsccl.org.uk">www.gsccl.org.uk</a>
Learn to Care	<a href="http://www.learnforcare.org.uk">www.learnforcare.org.uk</a>
Local Government Association	<a href="http://www.lga.gov.uk">www.lga.gov.uk</a>
National Centre of Excellence for Residential Child Care	<a href="http://www.ncb.org.uk/ncercc">www.ncb.org.uk/ncercc</a>
Ofsted	<a href="http://www.ofsted.gov.uk">www.ofsted.gov.uk</a>
Skills for Care	<a href="http://www.skillsforcare.org.uk">www.skillsforcare.org.uk</a>
Social Care Institute for Excellence	<a href="http://www.scie.org.uk">www.scie.org.uk</a>
The Fostering Network	<a href="http://www.fostering.net">www.fostering.net</a>
Unison	<a href="http://www.unison.org.uk">www.unison.org.uk</a>
Voice	<a href="http://www.voiceyp.org">www.voiceyp.org</a>

*(Please note: the website addresses were correct and accessible as of 31 March 2010)*

The Children's Workforce Development Council leads change so that the thousands of people and volunteers working with children and young people across England are able to do the best job they possibly can.

We want England's children and young people's workforce to be respected by peers and valued for the positive difference it makes to children, young people and their families.

We advise and work in partnership with lots of different organisations and people who want the lives of all children and young people to be healthy, happy and fulfilling.

[www.cwdcouncil.org.uk](http://www.cwdcouncil.org.uk)

For more information please call **0113 244 6311**  
or visit [www.cwdcouncil.org.uk](http://www.cwdcouncil.org.uk)

Or write to CWDC, 2nd Floor, City Exchange  
11 Albion Street, Leeds LS1 5ES  
email [info@cwdcouncil.org.uk](mailto:info@cwdcouncil.org.uk)  
or fax us on 0113 390 7744

Contact us to receive this information in a different language or format, such as large print or audio tape.

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